

# Sponsorship Form

Benefits	PLATINUM \$5,000	GOLD \$2,500	SILVER \$1,000
Company logo in Final Program if sponsorship is received by <b>May 31, 2019*</b>	■	■	■
Hyperlinked company logo on event website and email blasts	■		
Company logo on event website and email blasts		■	
Company logo and 25-word company description (subject to ICSC approval) in Directory if sponsorship is received by <b>July 5, 2019*</b>	■		
Company logo in Directory if sponsorship is received by <b>July 5, 2019*</b>		■	
Company name in Directory if sponsorship is received by <b>July 5, 2019*</b>			■
PowerPoint display of company logo during lunch	■	■	■
Company logo on signage at the reception*	■	■	
Company name on signage at the reception*			■
Sponsor ribbons that can be worn with your badge throughout the conference	■	■	■

\*Pending production deadline dates

### Sponsor Contact

**Michael Chen**  
Mackenzie  
Tel: +1 206 749 9993  
E-mail: mchen@mcknze.com

### ICSC Contact

**Julia Tiberio**  
Tel: +1 646 728 3598  
Email: jtiberio@icsc.org

### Return Completed Form and Payment To:

2019 Pacific Northwest  
Idea Exchange Sponsorship  
P.O. Box 419822  
Boston, MA 02241-9822  
Fax: +1 732 694 1800

### Reminders

- Payment, by credit card or check payable to ICSC, must accompany the Sponsorship Form.
- Email your company logo (.jpeg and .eps format) to Julia Tiberio; jtiberio@icsc.org.

### Terms, Conditions and Rules

This sponsorship application is subject to the Terms and Conditions for ICSC Sponsorship Opportunities available at [www.icsc.org/event-terms-and-conditions](http://www.icsc.org/event-terms-and-conditions), which are hereby incorporated by reference

Please Check One:  Platinum  Gold  Silver

\_\_\_\_\_  
Company

\_\_\_\_\_  
Company name that should appear on sign

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State/Province Zip/Postal Code

\_\_\_\_\_  
Telephone Fax Email (2019PN-S)

REQUIRED FOR NON-U.S. APPLICANTS: \_\_\_\_\_  
Date of Birth Country of Citizenship

Please check here if any of the above information has recently changed.

### Method of Payment

Check made payable to ICSC enclosed for \$ \_\_\_\_\_

MasterCard  Visa  AMEX  Discover \$ \_\_\_\_\_

\_\_\_\_\_  
Name (as it appears on credit card) Signature

\_\_\_\_\_  
Credit Card Number (include all digits) Expiration Date (month/year)