

Sponsorship Form

BENEFITS	PLATINUM \$3,500	GOLD \$1,500	SILVER \$750
Company logo in Program*	■	■	■
Recognition on event website and all event related email communications	Hyperlinked Company Logo	Company Logo	Company Name
25-word company description (subject to ICSC approval) in on-site Directory if sponsorship is received by January 22, 2019	■		
On-site Directory listing on Thank You page, if sponsorship is received by January 22, 2019	Company Logo	Company Logo	Company Name
PowerPoint display during Luncheon and on Break Slides	Company Logo	Company Logo	Company Name
Breakfast Sponsor: company logo displayed on signage and at all breakfast stations*	■		■
Lunch Sponsor: company logo displayed on signage and at each lunch table*	■	■	
Reception Sponsor: company logo displayed on signage and on each bar and food station*	■		
Deal Making table reserved in Sponsor Row	■		
Sponsor ribbons that can be worn with your badge throughout the conference	■	■	■

* Pending production deadlines.

Deadline

Sponsorship must be received by **January 28, 2019** to be recognized at the meeting.

Sponsor Contact

Heather Borges

CAM Services

Tel: +1 800 576 3050 ext.283

Email:

hborges@camservices.com

ICSC Contact

Viera Ewell

Tel: +1 310 426 2121

Email: vewell@icsc.org

Please Check One: ☐ Platinum ☐ Gold ☐ Silver

Return completed form to:

Southern California
Idea Exchange Sponsorship
P.O. Box 419822
Boston, MA 02241-9822

- Payment by credit card or check made payable to ICSC. Payment must accompany the Sponsorship Form.

Reminders

- Email your company logo (.jpeg and .eps format) to Viera Ewell at vewell@icsc.org by indicated deadline.
- You must complete separate Deal Making Table Request Form if interested in exhibiting at the Deal Making session.

Company

Company name that should appear on sign

Address

City

State/Province

Zip/Postal Code

Telephone

Fax

Email

(2019SC1-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)