

Sponsorship Form

BENEFITS	PLATINUM \$2,000	GOLD \$1,000	MEMBER-HOSTED RECEPTION \$500
Company logo in Final program if sponsorship is received by May 1, 2019*	■	■	■
Company logo recognition and URL link on event webpage and email blasts	■		
Company logo recognition on event website and email blasts		■	
Company logo and 25-word company description (subject to ICSC approval) in Directory if sponsorship is received by June 15, 2019*	■		
Company logo in Directory if sponsorship is received by June 15, 2019*		■	
Company name in Directory if sponsorship is received by June 15, 2019*			■
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 Contacts

Rob Foss

Tel: +1 615 727 0019

Email: rob.foss@avisonyoung.com

Justin Schad

Tel: +1 615 881 3122

Email: jschad@trioicpg.com

ICSC Contact

Theresa Orlando

Tel: +1 646 728 3691

Email: torlando@icsc.org

Return Completed Form and Payment To:

2019 TN/KY 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 Theresa Orlando: torlando@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, which are hereby incorporated by reference

Please Check One: Platinum Gold Member-Hosted Reception

Company _____

Company name that should appear on sign _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Telephone _____

Fax _____

Email _____

(2019TK-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)