

Benefits	Platinum \$7,500 (Maximum 4 Sponsors)	Gold \$5,500	Silver \$3,500	Reception \$500
Company logo on lanyards	■			
One full page ad in printed event directory*	■	■		
One half page ad in printed event directory*			■	
Two SCT Week insertions (pre-show and week of event)	■			
One SCT Week banner ad in (pre-show issue)		■		
Company logo prominently placed on on-site event signage*	■	■	■	
Company logo prominently placed on final program mailer*	■	■	■	
Company logo prominently placed on "Thank You" page of event directory*	■	■	■	
Company logo and URL on event web page	■	■	■	
Company logo and URL on event emails	■	■	■	
Company name on "Thank You" page in event directory*				■
Company logo to loop on digital screens at select event functions	■	■	■	
Company logo to loop on digital screens at Member-Hosted Reception				■
Company logo on event signage at entrance of Member-Hosted Reception*				■
Sponsor ribbon for all registered company attendees	■	■	■	■

*Pending production deadline dates.

Additional sponsorship opportunities for branding are available. Please contact your sponsor contact for details.

ICSC Contact

Casey Adams
 Tel: +1 917 488 5694
 Email: cadams@icsc.org

Sponsors Contacts

Michael Belli (Western USA & Canada)
 Tel: +1 714 313 1942 | Email: mbelli@icsc.org

Casey Burwell (Account Manager)
 Tel: +1 646 728 3536 | Email: cburwell@icsc.org

Brian Schiff (Western USA)
 Tel: +1 646 728 3464 | Email: bschiff@icsc.org

Return Completed Form and Payment to

ICSC WesternConference & Deal Making Sponsorship
 P.O. Box 419822
 Boston, MA 02241-9822

Deadline

Sponsorship must be received by **August 5, 2019** to be recognized at the conference.

Reminders

- Payment, either by credit card or check payable to ICSC, must accompany the Sponsorship Form.
- Email your company logo (.jpeg and .eps format) to **Esther Boyce: eboyce@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 Silver Reception

Name		Title	
Company			
Address			
City	State/Province	Zip/Postal Code	
Telephone	Fax		
Email	Your Membership I.D. #	(2019WS-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)