

SPONSORSHIP INFORMATION

Benefits	Platinum \$7,000 (Maximum 4 Sponsors)	Gold \$5,000	Silver \$3,000	Bronze \$1,500	Reception \$750
Company logo on lanyards (not exclusive)	-				
Two SCT Week insertions (pre-show Issue and week of event)	-				
One full page ad in printed event directory*	-				
One SCT Week banner ad (pre-show issue)					
One half page ad in printed event directory*					
Company logo prominently placed on on-site event signage	-				
Company logo prominently placed on final program mailer*	-	-	-		
Company logo and URL on event web page	-	-	-		
Company logo and URL on event emails				-	
Company logo to loop on digital screens at select event functions	-				
Company logo prominently placed on "Thank You" page of event directory*					
Company logo featured on screen in between content sessions					
Company name on "Thank You" page in event directory*					-
Company logo to loop on digital screens at Member-Hosted Reception					-
Company logo on event signage at entrance of Member-Hosted Reception					-

*Pending production deadline dates.

ICSC Contact

Catherine O'Hare

Tel: +1 646 728 3504 Email: cohare@icsc.com

Sponsors Contacts

Rita Malek (Northeast and Mid-Atlantic)
Tel: +1 646 728 3539 | Email: rmalek@icsc.com

Terri Sobol (Canada, Northeast and Mid-Atlantic USA)

Tel: +1 646 728 3532 | Email: tsobol@icsc.com

Return Completed Form and Payment to

ICSC Carolinas Conference & Deal Making Sponsorship P.O. Box 419822 Boston, MA 02241–9822

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.com.

Terms, Conditions and Rules

This sponsorship application is subject to the Terms and Conditions for ICSC Sponsorship Opportunities available at www.icsc.com/event-terms-and-conditions, which are hereby incorporated by reference.

Please Check One: Platinum Gold Sliver Bronze	□ Reception					
Name	Title	Title				
Company						
Address						
City	State/Province	Zip/Postal Code				
Telephone	Fax					
Email	Your Membership I.D. #	(2020NC-S)				
REQUIRED FOR NON-U.S. APPLICANTS:						
	Date of Birth	Country of Citizenship				
\square Please check here if any of the above information has recently	y 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)	Expiration Date (month/year)				