

# SPONSORSHIP INFORMATION

Benefits	Platinum \$7,000 (Maximum 4 Sponsors)	Gold \$5,000	Silver \$3,000	Bronze \$1,500	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.

### **ICSC Contact**

Jeanine Kelly

**Tel**: +1 646 728 3685 **Email**:x jkelly@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 3523 | Email: tsobol@icsc.com

# Return Completed Form and Payment to

ICSC Mid-Atlantic 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 Silver Bronze K	eception			
Name	Title			
Company				
Address				
City	State/Province	Zip/Postal Code		
Telephone	Fax			
Email	Your Membership I.D. #	(2020MA-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 cha	anged.			
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)			