



BREWING SUMMIT 2018

August 12–15 • San Diego, California, U.S.A.

SPONSORSHIP RESERVATION FORM

SPONSORSHIP OPPORTUNITIES

Please select which item(s) you would like to sponsor:
All sponsorship rates are in U.S. dollars.

Sponsored Session	\$10,000	\$ _____
Audio Visual	\$8,000	\$ _____
Webinar	\$7,000	\$ _____
Wi-Fi	\$7,000	\$ _____
Brewing Summit Meeting App	\$7,000	\$ _____
Conference Bags	\$6,000	\$ _____
Lanyards	\$6,000	\$ _____
Exhibit Hall Lunch	\$5,000	\$ _____
Happy Hour in the Expo Hall	\$5,000	\$ _____
Happy Hour	\$5,000	\$ _____
Harbor Float	\$5,000	\$ _____
"I Am Here" Photo Opportunity	\$4,000	\$ _____
Phone Charging Station	\$3,000	\$ _____
30-Second Podcast Ad Slot	\$3,000	\$ _____
Program Session	\$3,000	\$ _____
Registration Kiosk	\$3,000	\$ _____
Workshop	\$3,000	\$ _____
Email Blast	\$3,000	\$ _____
Travel Email Sponsor	\$3,000	\$ _____
Coffee Breaks (multiple)	\$2,500	\$ _____
Registration Confirmation Email	\$2,000	\$ _____
15-Second Podcast Ad Slot	\$1,500	\$ _____
Field Trips	\$1,500	\$ _____
General Meeting Sponsor	\$1,000+	\$ _____
Create Your Own Sponsorship		\$ _____
TOTAL		\$ _____

Submit the following information to Rhonda Wilkie: rwilkie@scisoc.org

- High resolution logo in full color .eps vector or .tif format, 300 dpi, 3x3 inches
- Website URL that the logo will resolve to
- 50-word company description

PAYMENT INFORMATION

Invoice me

Send me bank wire transfer details

Check enclosed (in U.S. funds and is payable to ASBC, drawn only from a U.S. bank)

When you provide a check for payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.

Charge my credit card (check one below)

American Express Discover MasterCard Visa

Card Number _____

Expiration Date _____
(Month/Year)

Name of Cardholder _____

SPONSORSHIP TERMS

Payment must be received to initiate sponsor benefits and is due within 30 days of sponsorship reservation. Your benefits are outlined in the sponsorship agreement emailed to your contact person. To pay by credit card, please contact **Rhonda Wilkie** with credit card information: +1.651.994.3820.

COMPANY AND CONTACT INFORMATION

Company Name _____
(exactly as it should appear in print)

Contact Name _____

Contact Email _____

Telephone _____

Address _____

City _____

State/Province/Country _____

Zip/Postal Code _____

PLEASE RETURN THIS FORM TO:

Brianna Plank
3340 Pilot Knob Road
St. Paul, MN 55121, U.S.A.
bsplank@scisoc.org or fax: +1.651.454.0766

QUESTIONS?

Brianna Plank, Business Development Manager
+1.651.994.3819
bsplank@scisoc.org
mbaa.com
asbcnet.org