

2019 ASBC CONFERENCE

JUNE 24-26, 2019 • ROYAL SONESTA HOTEL NEW ORLEANS, LA, U.S.A.

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	\$
ASBC Meeting App	\$7,000	\$
Can Coolers	\$6,000	\$
Conference Bags	\$6,000	\$
Lanyards	\$6,000	\$
Cornhole Area	\$5,000	\$
Pens	\$5,000	\$
Exhibit Hall Lunch	\$5,000	\$
Happy Hour	\$5,000+	\$
Closing Party	\$5,000	\$
Game Station	\$5,000	\$
Passport game	\$1,500	\$
Hospitality suite	\$3,000	\$
Phone Charging Station	\$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	\$
Field Trips	\$1,500+	\$
General Meeting Sponsor	\$1,000+	\$
ASBC Meeting App Benner Ad	\$1,000	\$
Create Your Own Sponsorship		\$

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

- High resolution logo in full color .eps vector or .tif format, 300 dpi, 3 x 3 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 Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.

MasterCard

Visa

Charge my credit card (check one below)

American Express

Discover

Expiration Date ______(Month/Year)

Name of Cardholder _

Card Number_

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.

TOTAL

COMPANY AND CONTACT INFORMATION

Zip/Postal Code

Company Name		
. ,	(exactly as it should appear in print)	
Contact Name		
elephone		
Address		
City		
otate/Province/Country		

PLEASE RETURN THIS FORM TO:

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

QUESTIONS?
Brianna Plank, Business Development Manager
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asbc.com