



ICPP BOSTON

Plant Health in a
Global Economy

JULY 29 -
AUGUST 3 2018

SPONSORSHIP RESERVATION FORM

SPONSORSHIP OPPORTUNITIES

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

<input type="radio"/> Sponsored Session	\$10,000	\$ _____
<input type="radio"/> Audio Visual	\$8,000	\$ _____
<input type="radio"/> Webinar	\$7,000	\$ _____
<input type="radio"/> Wi-Fi	\$7,000	\$ _____
<input type="radio"/> ICPP2018 Meeting App	\$7,000	\$ _____
<input type="radio"/> Conference Bags	\$6,000	\$ _____
<input type="radio"/> Lanyards	\$6,000	\$ _____
<input type="radio"/> Exhibit Hall Lunch	\$5,000	\$ _____
<input type="radio"/> Happy Hour in Exhibits	\$5,000	\$ _____
<input type="radio"/> Congress Closing Event	\$5,000	\$ _____
<input type="radio"/> Passport Game	\$5,000	\$ _____
<input type="radio"/> Phone Charging Station	\$4,000	\$ _____
<input type="radio"/> Program Session	\$3,000	\$ _____
<input type="radio"/> Registration Kiosk	\$3,000	\$ _____
<input type="radio"/> Workshop	\$3,000	\$ _____
<input type="radio"/> Coffee Break	\$2,500	\$ _____
<input type="radio"/> Field Trip	\$2,000+	\$ _____
<input type="radio"/> Email Blast	\$2,000+	\$ _____
<input type="radio"/> Travel Email	\$2,000	\$ _____
<input type="radio"/> Registration Confirmation Email	\$2,000	\$ _____
<input type="radio"/> General Meeting Sponsor	\$1,000+	\$ _____
<input type="radio"/> 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 APS, drawn only from a U.S. bank)
When you provide a check for payment, you authorize APS 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 Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.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.
bplank@scisoc.org or fax: +1.651.454.0766

QUESTIONS?

Brianna Plank, Business Development Manager
+1.651.994.3819
bplank@scisoc.org
icpp2018.org
apsnet.org