



International Business Brokers Association
2010 Partnership Opportunities
Customized Sponsorship and Advertising Packages

Enterprise Partner: \$6,000

\$6,000 – Spring Show only

\$10,500 – Full Year

Total Package Value up to \$8,500 per show!

An Enterprise Partner receives the following benefits:

- Company logo in conference brochure distributed onsite and on signage at the event
- 1/2-page color ad in conference brochure distributed onsite
- Recognition (company logo/hyperlink) on conference Web site
- Pre-/post-show attendee mailing list (includes attendee name, title, address)

Choose **ONE** of the following conference options as well as **TWO** of the year-round offerings (reserved as first-come, first-served):

Conference Offerings (choose 1):

- Internet Café
- Conference Tote Bags
- Badge Lanyards
- Calendar Magnet
- Hotel Key Cards
- Notepads
- Massage Station
- Floor Decals
- Footprints

Year-Round Offerings (choose 2):

- Rotating Web Banner on IBBA's Web site
- Full page advertisement in IBBA Membership Directory
- One electronic banner advertisement in *IBBA e-News*
- One (1) e-mail blast to IBBA membership
- One-time use of IBBA membership mailing labels

Individual Marketing Opportunities

Individual marketing opportunities also count toward sponsor level totals (i.e.: If you purchase a reception and a luncheon and the total cost is at or over \$6,000 you will receive the benefits of an Enterprise Sponsor.)

Individual Marketing Opportunities (A la Carte):

- Networking Reception \$6,500
- Luncheon on IBBA Trade Fair Floor \$5,500

Total Amount of Sponsorship Purchased: \$ _____



Sponsorship Rules and Regulations

Cancellation Policy

Once this contract is signed it becomes a legal agreement and no refunds will be issued for cancellations. The exhibitor is responsible for 100% of the payment on a canceled item. Exhibitor agrees to abide by the payment terms and procedures. The undersigned is empowered to enter into the contract on behalf of the exhibiting company.

Name (Print): _____

Signature: _____ Date: _____

Payment Information:

Total Cost: \$ _____

Method of Payment: Check American Express VISA MasterCard

Credit Card Number: _____ Exp. Date: _____

Name as it appears on the card: _____

Signature: _____

Please fax with credit card information to: Alesha Irvin; Fax: +1.312.644.0575; Phone +1.312.673.5899 or e-mail to airvin@ibba.org.