

**Strategic Partner Sponsorship:**

**\$12,500 (Exclusive) – Spring Show only**

**\$20,000 (Exclusive) – Full Year**

**Total Package Value up to \$20,000 per show!**

The Strategic Partner receives the following benefits:

- Company logo in conference brochure distributed onsite and on signage at the event
- Full page color ad in the conference brochure distributed onsite
- Recognition (company logo/hyperlink) on the conference Web site
- Pre-/Post-show Attendee Mailing List (Includes: name, title, address)

Choose **TWO** of the following Annual Conference educational and/or brand exposure options (reserved as first-come, first-serve):

**Annual Conference Offerings (choose 2):**

**Educational:**

- Friday General Session Keynote
- Sponsor Three (3) Workshops
- Conference Recordings

**Brand Exposure:**

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

Receive **ALL** of the following Year-Round Offerings:

**Year-Round Offerings:**

- 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 (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.

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Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### 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: \_\_\_\_\_

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**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](mailto:airvin@ibba.org).