

Sponsorship Reservation Form

2022 BREWING SUMMIT

Providence, Rhode Island | August 14-16



SPONSORSHIP OPPORTUNITIES

Attendee gifts	\$5,000+	\$ _____
Banner ad in pre-conference email	\$2,500	\$ _____
Banner ad on meeting platform	\$3,000	\$ _____
Coffee	\$5,000	\$ _____
Company registration packages	varies	\$ _____
Daily Email or Notification Sponsor	\$2,500	\$ _____
Lunch	\$5,000	\$ _____
Main stage sponsorship	\$10,000	\$ _____
Registration Confirmation Email	\$3,000	\$ _____
Room drops	varies	\$ _____
Session music	\$5,000	\$ _____
Session sponsorship	\$3,000	\$ _____
Sponsor networking session	\$3,000	\$ _____
Sponsor your own session	\$6,000	\$ _____
Spotlighted networking time	\$3,000	\$ _____
Swag bag inserts	\$3,000	\$ _____
Swag bags	\$6,000	\$ _____
Create your own sponsorship		\$ _____

Sponsorship Packages – select multiple opportunities above for following sponsorship package

VIP	\$20,000+	\$ _____
Platinum	\$10,000	\$ _____
Gold	\$5,000	\$ _____
Bronze	\$2,000	\$ _____

Total Due \$ _____

COMPANY AND CONTACT INFORMATION

Company Name _____

Contact Name _____

Contact Email _____

Telephone _____

Address _____

City _____

State/Province/Country _____

Zip/Postal Code _____

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 Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.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 _____

Payment 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.

PLEASE RETURN THIS FORM TO:

Brianna Plank
3352 Sherman Court, Ste 202
St. Paul, MN 55121

bplank@scisoc.org or fax: +1.651.454.0766

QUESTIONS?

Brianna Plank, Director, Business Development
+1.651.994.3819

bplank@scisoc.org

asbcnet.org | mbaa.com