



SPONSOR AND EXHIBITOR CONTRACT

Company: _____

Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____ Email: _____

I am authorized by the above-listed company or organization to commit to support in the indicated amount.

Signature: _____ Date: _____

Opportunities *(Please check those that apply.)*

Year Round Corporate Partner Opportunities:

- Platinum Sponsorship - \$25,000
- Silver Sponsorship - \$10,000
- Bronze Sponsorship - \$7,500
- Gold Sponsorship - \$15,000
- Preconference Reception Sponsor - \$10,000

Solution Summit XXII Opportunities:

- Solutions Summit Opening Night Party (Sunday) Sponsor - \$15,000
- Solutions Summit Tuesday Night Reception - \$15,000
- Keynote Address - \$10,000
- Wifi Sponsorship - \$7,000
- Conference Portfolio - \$6,000
- Mobile App - \$6,000
- Hotel Key Card - \$5,000
- New Member/New Attendee Breakfast - \$5,000
- Refreshment Breaks (two available) - \$4,000
- Lanyards - \$4,000
- Wednesday Breakfast - \$3,500
- Table Top Exhibit: Exhibit Hall Space - \$2,400 (\$2,200 for EDPMA Members)
Please indicate your three preferred table location: _____, _____, _____. Table placement will be confirmed confirmed by EDPMA in writing.
- EMRA Resident Scholarship - \$2,000
- Full Page Color Ad in Onsite Program - \$750
- Half Page Color Ad in Onsite Program - \$500

Total Sponsorship Amount: \$ _____

Contributer Information

Signature must be made by authorized representative of the organization. **All sponsorship requests are final and non-retractable upon execution of contract.** Please print names exactly as you would like them to appear on all materials.

PAYMENT: Must be submitted along with this form to reserve the sponsorship(s).

- Payment Enclosed **(Please make check payable to EDPMA)**
- Charge My Credit Card: VISA MasterCard AMEX

Card Number: _____ Exp. Date: _____

Print name as it appears on card: _____ Security Code: _____

CANCELLATION & PAYMENT POLICY: This document serves as a contract. All sponsorship requests are final. Execution of this registration form signifies assumption of legal responsibility to pay for all opportunities as stipulated on the form. Payment must be made in U.S. dollars drawn on a U.S. bank. For tax reporting purposes, EDPMA's Federal tax ID number is 54-1869643 under IRS code 501(c) 6.

Payment Instructions: Mail credit card and check payments to EDPMA, 7918 Jones Branch Drive, Suite 300 | McLean, VA 22102