SPONSORSHIP FORM

Benefits	Platinum $7,000	Gold $5,000	Silver $3,000	Bronze $1,500	Reception $500
Company logo on lanyards*	■				
One full page ad in event directory*	■	■			
Two SCT Week insertions (pre-show and week of event)	■				
One half page ad in event directory*			■		
One SCT Week banner ad in pre-show issue		■			
Company logo on on-site signage at event	■	■	■	■	
Company logo on final program mailer and "Thank You" page in event directory*	■	■	■	■	
Company name on final program mailer and "Thank You" page in event directory*					■
Company logo to loop during select event functions	■	■	■	■	
Company logo on on-site signage at Member-Hosted Reception					■
Company logo and URL on event page	■	■	■	■	
Company logo and URL on event emails	■	■	■		
Sponsor ribbon for all registered company attendees	■	■	■	■	■

*Pending production deadline dates.

Sponsor Contacts

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Sheila Charton (Northeast and Mid-Atlantic USA)
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Terri Kelly (Specialty Leasing Wholesalers and Product & Service Suppliers)
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Amie Leibovitz (Southern and Midwest USA, Texas and Puerto Rico)
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Return Completed Form and Payment to

2018 Monterey Conference & Deal Making
International Council of Shopping Centers
P. O. Box 419822
Boston, MA 02241-9822
Fax: +1 732 694 1800

ICSC Contact

Viera Ewell
Tel: +1 310 426 2121
Email: vewell@icsc.org

Deadline

Sponsorship must be received by **January 19, 2018** to be recognized at the conference.

Reminders

- Payment, either by credit card or check made payable to ICSC must accompany the Sponsorship Form.
- Email your company logo (.jpeg and .eps format) to Esther Boyce at eboyce@icsc.org.

Terms, Conditions and Rules

This sponsorship application is subject to the Terms and Conditions for ICSC Sponsorship Opportunities available at www.icsc.org/event-terms-and-conditions, which are hereby incorporated by reference.

Please Check One: ☐ Platinum ☐ Gold ☐ Silver ☐ Bronze ☐ Member-Hosted Reception

Name _____ Title _____

Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____

Email _____ Your Membership I.D. # _____ (2018N1-S)

REQUIRED FOR NON-U.S. APPLICANTS: _____
Date of Birth _____ Country of Citizenship _____

☐ Please check here if any of the above information has recently changed.

Method of Payment

☐ Check made payable to ICSC enclosed for $ _____ ☐ MasterCard ☐ Visa ☐ AMEX ☐ Discover $ _____

Name (as it appears on credit card) _____ Signature _____

Credit Card Number (include all digits) _____ Expiration Date (month/year) _____