

Sponsorship Form

BENEFITS	PLATINUM \$3,000	GOLD \$1,000	SILVER \$500
Company logo in Final program if sponsorship is received by November 14, 2017	■	■	■
Company logo recognition and URL link on event webpage and email blasts	■		
Company logo recognition on event website and email blasts		■	
Company logo and 25-word company description (subject to ICSC approval) in Directory if sponsorship is received by January 12, 2018	■		
Company logo in Directory if sponsorship is received by January 12, 2018		■	
Company name in Directory if sponsorship is received by January 12, 2018			■
PowerPoint display of company logo during lunch	■	■	■
Company logo on signage at the reception	■	■	
Company name on signage at the reception			■
Deal Making table reserved in Sponsor Row	■		
Sponsor ribbons that can be worn with your badge throughout the conference	■	■	■

*Pending production deadline dates

Deadline

January 12, 2018

Sponsor Contacts

Jonathan Hellein

Tel: +1 407 278 4597

Email: jon@hybridgecre.com

ICSC Contact

Katie O'Hare

Tel: +1 646 728 3504

Email: cohare@icsc.org

Return Completed Form and Payment to:

West Florida
Idea Exchange Sponsorship
P.O. Box 419822
Boston, MA 02241-9822

Reminders

- Payment by credit card or check made payable to ICSC. Payment must accompany the Sponsorship Form.
- Your company logo (.jpeg and .eps format) to Catherine O'Hare at cohare@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

Company _____

Company name that should appear on sign _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Telephone _____

Fax _____

Email _____

(2018WF-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) _____