

2024 ANNUAL BHS SUMMIT SPONSORSHIP APPLICATION



APPLICATION INSTRUCTIONS

- Email your completed form to dtalbert@iabsc.org

SPONSOR CONTACT INFORMATION

First Name _____ Last Name _____

Title _____ Company _____

Address _____ Suite _____ City _____ State/Province _____ Zip/Postal _____

Phone _____ Email _____

SELECT ONE OR MORE AVAILABLE SPONSORSHIPS

NOTE: All sponsorships receive recognition in marketing campaigns & social media, logos inside program book, registrants list in Excel, acknowledgement on presentation slides during the event.

~~Platinum Sponsor: \$10,000 SOLD~~

Gold Sponsor: **\$5,000**

- Allowed one marketing cut sheet and/or small give-a-way in conference bag
- Includes 2 free registrations

~~Program Book Sponsor: \$2,000 SOLD~~

~~Conference Bag Sponsor: \$2,000 SOLD~~

Breakfast with Exhibitors – Tuesday 1/30/24: **\$1,500** (includes signage at breakfast)

Breakfast with Exhibitors – Wednesday 1/31/24: **\$1,500** (includes signage at breakfast)

Morning Break – Tuesday 1/30/24: **\$1,500** (includes signage at break)

Morning Break – Wednesday 1/31/24: **\$1,500** (includes signage at break)

Luncheon – Tuesday 1/30/24: **\$1,500** (includes signage at luncheon)

~~Luncheon – Wednesday 1/31/24 SOLD~~

~~Afternoon Break – Tuesday 1/30/24 SOLD~~

Afternoon Break – Wednesday 1/31/24: **\$1,500** (includes signage at break)

Cocktail Hour with Exhibitors – Tuesday 1/30/24: **\$1,500**

Tuesday Night Event – Pub Crawl & Third Rail at Hotel Vin w/Emerald City Band 1/30/24: **\$1,500**

Session 1 Sponsor - Tuesday 1/30/24: **\$1,500**

Session 2 Sponsor – Tuesday 1/30/24: **\$1,500**

Session 3 Sponsor - Tuesday 1/30/24: **\$1,500**

Session 4 Sponsor – Tuesday 1/30/24: **\$1,500**

Session 5 Sponsor - Wednesday 1/31/24: **\$1,500**

Session 6 Sponsor – Wednesday 1/31/24: **\$1,500**

Session 7 Sponsor - Wednesday 1/31/24: **\$1,500**

Session 8 Sponsor – Wednesday 1/31/24: **\$1,500**

VENDOR TABLETOP DISPLAY – Tuesday & Wednesday 1/30 and 1/31/24: **\$2,500** (includes 2 free booth registrations)

PAYMENT INFORMATION

Pay by Check

Please invoice me (invoice will be sent to the email provided above)

Pay by Credit Card

Visa

MasterCard

American Express

Discover

Sponsorship amount: \$ _____

Credit Card Number

Expiration Date

CVV

Name on Card

Signature

Billing Address

Billing Zip Code