



### Sponsor Contract

Forms, materials and payment due January 15, 2019.

Please select the events and programs your company would like to sponsor.

- |   |           |       |
|---|-----------|-------|
| <input type="checkbox"/> Annual Meeting Gala                  | \$ 15,000 | _____ |
| <input type="checkbox"/> Meeting App *                        | \$ 10,000 | _____ |
| <input type="checkbox"/> Attendee Wireless Internet *         | \$ 10,000 | _____ |
| <input type="checkbox"/> Welcome Reception                    | \$ 7,500  | _____ |
| <input type="checkbox"/> Sponsored Session**                  | \$ 5,000  | _____ |
| <input type="checkbox"/> Gala Entertainment *                 | \$ 5,000  | _____ |
| <input type="checkbox"/> Poster Reception                     | \$ 5,000  | _____ |
| <input type="checkbox"/> Ideas and Innovations/Exhibit Social | \$ 5,000  | _____ |
| <input type="checkbox"/> Board Dinner, with 5 invitations     | \$ 5,000  | _____ |
| <input type="checkbox"/> Specialty Break (coffee and snacks)  | \$ 3,500  | _____ |
| <input type="checkbox"/> Coffee Break                         | \$ 2,500  | _____ |
| <input type="checkbox"/> Past Presidents' Breakfast           | \$ 2,500  | _____ |
| <input type="checkbox"/> Early Morning Coffee                 | \$ 1,500  | _____ |
| <input type="checkbox"/> General Meeting Support              |           | _____ |
| <input type="checkbox"/> Other _____                          |           | _____ |
- (onsite branding, attendee scholarships, hotel keycards, charging table, general meeting support, etc.)

### Total Sponsorship

\*Exclusive Sponsorship Opportunities \*\*Based on availability. Rules and restrictions apply.

Sponsorship level is based on total sponsorship amount.

	Recognition on Website	Onsite Signage	Push Notification on Meeting App	Individual Press Release	Group Press Release	Full Page Ad	Half Page Ad	Quarter Page Ad	One Exhibitor Table	Sponsor Badges	Tickets to the Gala	Tickets to Welcome Reception
Platinum \$20,000+	x	x	x	x		x			x	10	10	10
Gold \$10,000-19,999	x	x	x	x		x				7	7	7
Silver \$5,000-9,999	x	x	x		x		x			5	5	-
Bronze \$1,000-4,999	x	x			x			x		2	-	2

All meeting details will be available on the ACPA website: [www.acpa-cpf.org](http://www.acpa-cpf.org).

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Tel (\_\_\_\_\_) \_\_\_\_\_ Website \_\_\_\_\_

Twitter Handle \_\_\_\_\_

Company Contact \_\_\_\_\_

Company Contact Email \_\_\_\_\_

Onsite Contact \_\_\_\_\_

Onsite Contact Cell \_\_\_\_\_

Company Description/Products (30 words or less) \_\_\_\_\_

SPONSOR BADGES: Sponsors receive badges corresponding to the level of sponsorship. Sponsor badges allow access to meeting programs and the social events associated with your sponsorship level. Additional social event tickets will be available for purchase on site. Representative Badge Names \_\_\_\_\_

**Sponsorship Agreement**

The undersigned agrees to sponsor the ACPA's 76<sup>th</sup> Annual Meeting and submit payment in full by January 15, 2019. Written requests for cancellations received before January 15, 2019 will be reimbursed 50% of the sponsorship amount. Requests received thereafter will result in forfeiture of the entire amount.

Print Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information**

**Make checks payable to the American Cleft Palate-Craniofacial Association**

**OR credit card information:**  Visa  Master Card  Discover  American Express

Total Amount to Charge \_\_\_\_\_ Name/Organization on Credit Card \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Exp Date (MM/YY): \_\_\_\_\_

Three-Digit SVC/CVC Code \_\_\_\_\_ Credit Card Billing Zip Code \_\_\_\_\_

*Please fax your completed form along with credit card information to 919-933-9604 or call 919-933-9044 to pay by phone. You can mail your form with your check to:*

American Cleft Palate-Craniofacial Association  
1504 East Franklin Street, Suite 102  
Chapel Hill, NC 27514  
Email: [alyssa.kirkman@acpa-cpf.org](mailto:alyssa.kirkman@acpa-cpf.org)