



Packaging Technical Networking Session – May 10, 2016

Sponsor Contract

1. Company Information

Company Name: _____

Address: _____

City/State/Zip: _____

Company Phone: _____

Company Website: _____

Sponsor Coordinator: _____

Phone: _____

E-mail: _____

2. Choose Sponsor Option

Event Sponsor (7 5 available)

\$900 Member

\$1,400 Non-Member

- 6" Exhibit table*
- Company logo on event website with hyperlink to sponsor site.
- Company logo on sponsor sign
- Attendee contact list.

*(*If you plan on taking advantage of the exhibit booth benefit, please fill out the information requested under #3. See map on page 3 for available booths)*

Lanyard Sponsor (1 available)

\$700 Member

\$1,200 Non-Member

- Logo on lanyards worn by all attendees (AIAG to provide the lanyards)
- Company logo on event website with hyperlink to sponsor site.
- Company logo on sponsor sign.
- Attendee contact list.

Lunch Sponsor (2 available)

\$500 Member

\$1,000 Non-Member

- Signs with company logo on tables at lunch.
- Company logo on event website with hyperlink to sponsor site.
- Company logo on sponsor sign.
- Attendee contact list.

3. Booth Information

Booth Includes:

- 6 foot table with 2 chairs
- WiFi access
- Electrical access

Booth Number (See exhibit map on page 3)

1st choice _____

2nd choice _____

Please provide a 50-100 word company description for the website.





The **Catalyst** for Peak Performance

4. Cancellations

AIAG will retain the full amount of the cost for any cancellations.

6. Venue Information

AIAG
26200 Lahser Road, Suite 200
Southfield, MI 48033
(248) 213-4642

7. Payment Information

Full payment is due upon reservation.

Check: made out to AIAG for full amount

Total amount enclosed: _____

Credit Card: AIAG accepts Visa, MasterCard and American Express.
(Credit Cards: For your safety, we ask that you do not provide your credit card details on this form; instead please provide us with a contact name and phone number to call for credit card information for this sponsorship application.)

Contact Name: _____

Phone Number: _____

8. Signature

We the undersigned do hereby submit our application to participate.

Signature: _____ Date: _____

Submit form to Shannon Osburn at sosburn@aiag.org or by fax at (248) 784-1896.



Presentation Room

Conference Rooms 7 & 8

Elevators

