

## 2016 IS-MPMI Sponsorship Application

**Complete the form and return with your payment and logo. The deadline for recognition in the program book is May 18, 2016.**

**Governing Rules, Regulations and Policies**

1. Production costs, where applicable, are the responsibility of the sponsors.
2. IS-MPMI must approve final copy, layout, design and products of all sponsorships prior to production and reserves the right to restrict content for any sponsorship. If applicable, giveaway item and location to be preapproved by IS-MPMI.
3. Final decision on any issues regarding IS-MPMI sponsorships rests with IS-MPMI.
4. Your company will be recognized for sponsorship as noted under the description of the item.
5. Logo Format: eps vector format preferred (where applicable). A high resolution tif or jpg (no less than 300 ppi at 3" x 3") also accepted.
6. [CLICK HERE](#) for full descriptions and deliverables.

**Sponsorship Contact Information:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_

State or Province/Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Company Website \_\_\_\_\_



**Completed forms and payment to:**

2016 APS, c/o A. Fassano & Company  
900 Route 168, Suite A2  
Turnersville, NJ 08012 U.S.A.

Email: [processing@AFassanoCo.com](mailto:processing@AFassanoCo.com)

**Please indicate item and amount of your sponsorship:**

Attendee Pocket Badge Holder - \$4,500	\$ _____
Attendee Meeting Bags – \$5,000	\$ _____
Closing Reception Entertainment - \$3,000	\$ _____
Coffee Break Sponsor - \$2,000 each (8 available)	\$ _____
Self Check-In Computer - \$2,000	\$ _____
Mobile App – \$3,000 (partial) – 2 spots available	\$ _____
Annual Meeting Travel Email - \$2,000	\$ _____
“Notes Pages” in Program Book - \$2,000	\$ _____

**Payment Information**

Check is enclosed, payable to **IS-MPMI**

Charge this credit card:

Visa     MasterCard     American Express

Card # \_\_\_\_\_

Expiration Date (month/year) \_\_\_\_\_ Sec Code: \_\_\_\_\_

Amount To Be Charged \_\_\_\_\_

Signature \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

*For questions or to discuss a customized or exclusive sponsorship, please contact [Debi Maines](#) at 856-302-0890 or [Eric Otero](#) at 856-302-0894.*