

Sponsorship Agreement

Company (Sponsor): _____

Contact: _____ Email*: _____ Phone: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____ Country: _____

Fax*: _____ Website: _____

* By providing your fax number and/or e-mail address you are consenting to receive communications from Imago Productions, Inc. and its affiliates via these media.

Sponsorship Items

SECTION A - PACKAGES:	COST	TOTAL
<input type="checkbox"/> Title Sponsorship	\$30,000	\$ _____
<input type="checkbox"/> Platinum Sponsorship Package:	\$20,000	\$ _____
<input type="checkbox"/> Gold Sponsorship Package	\$15,000	\$ _____
<input type="checkbox"/> Silver Sponsorship Package	\$10,000	\$ _____
<input type="checkbox"/> Bronze Sponsorship Package	\$7,500	\$ _____

(A) TOTAL COST - SPONSORSHIP PACKAGES: \$ _____

SECTION B - INDIVIDUAL OPPORTUNITIES	COST	TOTAL
<input type="checkbox"/> Closing Reception	\$ 10,000	\$ _____
<input type="checkbox"/> Conference Bags	\$ 5,000	\$ _____
<input type="checkbox"/> Hotel Key Cards	\$ 5,000	\$ _____
<input type="checkbox"/> Lanyards	\$ 3,000	\$ _____
<input type="checkbox"/> Keynote Sponsor	\$ 2,500	\$ _____
<input type="checkbox"/> Internet Cafe	\$ 2,000	\$ _____
<input type="checkbox"/> Thursday General Session	\$ 1,500	\$ _____
<input type="checkbox"/> Friday General Session	\$ 1,500	\$ _____
<input type="checkbox"/> Conference Break Station	\$ 1,500	\$ _____
<input type="checkbox"/> Aisle Signs	\$ 1,500	\$ _____
<input type="checkbox"/> Registration Area / Registration Lobby	\$ 1,500	\$ _____
<input type="checkbox"/> Entrance Lobby Banners	\$ 1,000	\$ _____
<input type="checkbox"/> Badge Emailing	\$ 1,000	\$ _____
<input type="checkbox"/> Website Banner Ads	\$ 500	\$ _____
<input type="checkbox"/> Location Meter Boards	\$ 500	\$ _____
<input type="checkbox"/> Location Directional Signs	\$ 500	\$ _____
<input type="checkbox"/> Website Buttons	\$ 250	\$ _____

(B) TOTAL COST - INDIVIDUAL OPPORTUNITIES: \$ _____

PAYMENT INFORMATION

Check Enclosed (US funds only, payable to Imago Productions, Inc.)

Visa MasterCard AMEX

Card #: _____

Expiration Date: _____

Amount to be Charged: \$ _____

Cardholder: _____

Cardholder Billing Address: _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

TOTAL SPONSORSHIPS (A + B): \$ _____

ACCEPTANCE

Signature: _____

Date: _____

PLEASE RETURN TO:

Imago Productions, Inc., ATTN: NDRE09
8508 Colony Club Drive
Alpharetta, GA 30022
T: 770-645-0046
F: 770-645-0047
EF: 866-492-9493
E: sales@ndrexpo.com