

ASEEES 2021 – Sponsor, Exhibitor and Advertising Payment Form

This document is one of two steps required to complete the purchase of ASEEES exhibit booths, advertising and/or sponsorships for the 2021 New Orleans (In-Person) and Virtual Conventions.

Please fill out this contract and upload to the [online order form](#).

Company Name _____

Authorized Individual _____

Billing Address _____

Email Address _____

Sponsorships – all sponsorships will be sold on a first come basis (please check all that apply)

- Platinum Sponsor \$4,000
- Opening Reception Sponsor \$3,500
- Mobile App Sponsorship \$3,500
- Gold Sponsor \$3,000
- Silver Sponsor \$2,000
- Bronze Sponsor \$1,000
- Friends of ASEEES - \$400 or higher – amount _____
- Film Screening Sponsor \$1,000
- Face Mask Sponsor \$1,000 (does not include costs)
- Hand Sanitizer Sponsor \$500 (does not include costs)

Sponsorship total - \$ _____

Exhibitor Booth Purchase

_____ Exhibit Booth	\$695 (includes virtual booth)	= \$ _____
_____ Additional Booth(s)	\$595	= \$ _____
_____ Additional Exhibitor Badges	\$55/badge	= \$ _____
_____ Virtual Booth Only	\$500	\$ _____

Exhibit Booth(s) total - \$ _____

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Advertising Space

- Outside Back Program Cover \$975
- Inside Back Program Cover \$795
- Inside Front Program Cover \$795
- Full page (Full-Color) ad* \$595
- Additional full page (Full-Color)\$455 x quantity _____ = \$ _____
- Full page (B/W) ad \$485
- Additional full page (B/W) ads \$380 x quantity _____ = \$ _____
- Half page (B/W) ad \$350 x quantity _____ = \$ _____
- Banner Ad(s)* \$895 x quantity _____ = \$ _____

- Advertising sub-total \$ _____
- Less exhibitor discount -10% = (\$ _____)

Advertising total = \$ _____

Total amount to pay = \$ _____

*Quantities are limited.

Please continue to page 3 for payment information.

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Payment Options:

_____ My organization requires an invoice for processing prior to payment

_____ Please call me at _____ and I will provide card payment info

_____ Visa _____ MasterCard _____ Discover _____ AMEX _____ check

Name on card: _____

Card number: _____

Exp. Date: _____ Security code: _____

Check #: _____

Please submit this form with your [online reservation form](#).

Online Order form completed

Sign/type your name below to indicate that you read the [Exhibitor Terms and Conditions](#):

x _____

Sign/type your name to authorize payment:

x _____

Send checks payable to "ASEEES" to:
203C Bellefield Hall, 315 S. Bellefield Avenue, Pittsburgh, PA 15260-6424

FOR OFFICE USE ONLY

Acknowledged (invoice #) _____ Booth no(s) _____

Number of Ads _____ Number of Booths _____ Total _____

For questions contact: Margaret Manges, Convention Manager
ASEEES – aseeescn@pitt.edu – Phone: 412.648.4049