

ASEEES 2022 – 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 2022 Chicago, IL (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)

- Opening Reception Sponsor \$5,000
- Mobile App Sponsorship \$4,500
- Platinum Sponsor \$4,000
- Gold Sponsor \$3,000
- Virtual Sponsor \$2,000
- Silver Sponsor \$2,000
- Bronze Sponsor \$1,000
- Film Screening Sponsor \$1,000
- Friends of ASEEES - \$400 or higher – amount _____

Sponsorship total - \$ _____

Exhibitor Booth Purchase

_____ Exhibit Booth – In-Person	\$695	= \$
_____ Additional In-Person Booth(s)	\$595	= \$
_____ Add on virtual booth	\$100	
_____ Additional Exhibitor Badges	\$55/badge	= \$
_____ Virtual Exhibitor Booth Only	\$500	\$
_____ Upgraded to Featured Virtual	\$225	\$

Exhibit Booth(s) total - \$ _____

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Advertising Space

<input type="checkbox"/>	Outside Back Program Cover	\$975			
<input type="checkbox"/>	Inside Back Program Cover	\$795			
<input type="checkbox"/>	Inside Front Program Cover	\$795			
<input type="checkbox"/>	Full page (Full-Color) ad*	\$595			
<input type="checkbox"/>	Additional full page (Full-Color)	\$455	x quantity _____	= \$ _____	
<input type="checkbox"/>	Full page (B/W) ad	\$495	x quantity _____	= \$ _____	
<input type="checkbox"/>	Additional full page (B/W) ads	\$395	x quantity _____	= \$ _____	
<input type="checkbox"/>	Half page (B/W) ad	\$355	x quantity _____	= \$ _____	
<input type="checkbox"/>	Convention Site Banner Ad(s)*	\$895	x quantity _____	= \$ _____	
<input type="checkbox"/>	Mobile App Digital Ad*	\$995		\$ _____	

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