



SPONSORSHIP RESERVATION FORM

August 2–6, 2021

The American Phytopathological Society Annual Meeting

SPONSORSHIP OPPORTUNITIES

Please select which item(s) you would like to sponsor:

All sponsorship rates are in U.S. dollars.

Ad roll to kick off session	\$3,000	\$ _____
APS PRESS gift cards	varies	\$ _____
Banner ad in meeting app	\$2,000	\$ _____
Banner ad in pre-Plant Health 2021	\$2,000	\$ _____
Online email		
Coffee or lunch	varies	\$ _____
Customized masks	\$6,000+	\$ _____
Daily email sponsor	\$2,000	\$ _____
Hand sanitizer	\$5,000+	\$ _____
Main stage sponsorship	\$10,000	\$ _____
Networking session	\$3,000+	\$ _____
Program Track Sponsor	\$5,000	\$ _____
Micro Communities		
Other _____		
Registration confirmation email	\$3,000	\$ _____
Registration package (companies or groups)	varies	\$ _____
Session music	\$5,000	\$ _____
Sponsor APS session	\$3,000	\$ _____
Sponsored session	\$5,000	\$ _____
Spotlighted video chats	\$2,000	\$ _____
Student or early career registrations	varies	\$ _____
Swag bags	\$8,000	\$ _____
Swag bag inserts	\$2,500	\$ _____

Sponsorship Packages:

<input type="radio"/> VIP	\$20,000+	\$ _____
<input type="radio"/> Platinum	\$10,000	\$ _____
<input type="radio"/> Gold	\$5,000	\$ _____
<input type="radio"/> Bronze	\$2,000	\$ _____
TOTAL		\$ _____

COMPANY AND CONTACT INFORMATION

Company Name _____
(exactly as it should appear in print)

Contact Name _____

Contact Email _____

Telephone _____

Address _____

City _____

State/Province/Country _____

Zip/Postal Code _____

Submit the following information to Rhonda Wilkie:

rwilkie@scisoc.org

- High resolution logo in full color .eps vector or .tif format, 300 dpi, 3x3 inches
- Website URL that the logo will resolve to
- 50-word company description

PAYMENT INFORMATION

- Invoice me
- Send me bank wire transfer details
- Check enclosed (in U.S. funds and is payable to APS, drawn only from a U.S. bank)

When you provide a check for payment, you authorize APS to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.

- Charge my credit card (check one below)
- American Express
 Discover
 MasterCard
 Visa

Card Number _____

Expiration Date _____
(Month/Year)

Name of Cardholder _____

SPONSORSHIP TERMS

Payment must be received to initiate sponsor benefits and is due within 30 days of sponsorship reservation. Your benefits are outlined in the sponsorship agreement emailed to your contact person. To pay by credit card, please contact **Rhonda Wilkie** with credit card information: +1.651.994.3820.

PLEASE RETURN THIS FORM TO:

Brianna Plank
 3352 Sherman Ct, Suite 202
 St. Paul, MN 55121, U.S.A.
bplank@scisoc.org or fax: +1.651.454.0766

QUESTIONS?

Brianna Plank, Director, Business Development
 +1.651.994.3819
bplank@scisoc.org
apsnet.org