



SPONSORSHIP RESERVATION FORM

August 2–5, 2025 | Honolulu, Hawaii, U.S.A.

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.

APS PRESS gift card giveaways	\$ varies	\$ _____
Banner ad in meeting platform	\$2,000	\$ _____
Banner ad in Plant Health 2025 email	\$2,000	\$ _____
Coffee or lunch break	\$5,000	\$ _____
Daily email sponsor	\$2,000	\$ _____
Happy hour in the exhibit hall	\$5,000	\$ _____
Lanyards	\$5,000	\$ _____
Lunch in the exhibit hall	\$5,000	\$ _____
Main stage sponsorship	\$10,000	\$ _____
Networking session	\$3,000+	\$ _____
Pop-up treat at booth	\$ varies	\$ _____
Product/samples at registration	\$3,000	\$ _____
Program Track Sponsor	\$5,000	\$ _____
Registration confirmation email	\$3,000	\$ _____
Registration package (companies or groups)	\$ varies	\$ _____
Room drops	\$5,000+	\$ _____
Sponsor APS session	\$3,000	\$ _____
Sponsor a session	\$10,000	\$ _____
Student or early career registrations	\$ varies	\$ _____
Sustainable swag	\$2,500	\$ _____
VIP attendee experience	\$ varies	\$ _____
Wi-Fi password	\$3,000	\$ _____

Sponsorship Packages:

Shoot	\$20,000	\$ _____
Sprout	\$15,000	\$ _____
Root	\$10,000	\$ _____
Seed	\$5,000	\$ _____
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 Rachel Alvarado:

ralvarado@scisoc.org

- High resolution logo in full color .eps vector or .tif format, 300 dpi, 3×3 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 Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.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 _____

CVV _____

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 Brianna Plank with credit card information: +1.651.994.3819.

PLEASE RETURN THIS FORM TO:

Brianna Plank
3285 Northwood Circle, Suite 100
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