



6-9 May, 2008  
Radisson SAS Royal Hotel  
Dublin, Ireland

## Sponsor & Exhibitor Proposal

For Information Contact:

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12.13.2007



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## Exhibitor

IDEAlliance Member: \$1,500

NonMember: \$2,500

### Benefits

1. One (1) complimentary conference registration
2. Your company logo on:
  - a. Exhibitor page of website
  - b. Exhibitor page of program
  - c. Signage/poster at Expo
3. B/W ¼ page description with logo in program
4. One 6-foot tabletop available during Expo Hours
5. Access to post-conference attendee mailing list\* – available two (2) weeks following the conference
6. One (1) insert in conference bag

### Expo Hours

Tuesday, May 6 – Set Up Only

10:00-17:30

Wednesday, May 7

10:30-14:00 with Lunch and Morning Refreshment

17:30-19:00 with Reception

Thursday, May 8

12:30-17:00 during Lunch and Afternoon Refreshment

Friday, May 9 – Breakdown Only

9:00-14:00

*\* The following statement is provided on all IDEAlliance registration material to obtain consent from attendees to provide their contact information: IDEAlliance does not sell, exchange, license, rent or otherwise provide any information (including, without limitation, names, addresses, telephone numbers, fax numbers, e-mail addresses etc.) concerning persons who attend meetings, seminars, conferences etc. sponsored or co-sponsored by IDEAlliance to third parties. However, by attending a conference sponsored or co-sponsored by IDEAlliance, the attendee consents to IDEAlliance disclosing to their partners, sponsors, and exhibitors the names, addresses, telephone numbers, fax numbers and e-mail addresses of persons who attended the conference.*



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## Sponsor

	Member	NonMember
<b>Wednesday, May 7</b>		
Morning Refreshment Break	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000
Lunch	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000
Afternoon Refreshment Break	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000
Reception	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000
<b>Thursday, May 8</b>		
Morning Refreshment Break	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000
Lunch	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000
Afternoon Refreshment Break	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000
<b>Friday, May 9</b>		
Morning Refreshment Break	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000
Program Bag	Produce with Corporate & XTECH Logos at Cost	

### Benefits

#### **Lunches & Receptions**

1. Two (2) complimentary conference registrations
2. One (1) 30-minute morning session on program
3. One (1) 6-foot table during Expo Hours
4. B/W ½ page description with logo in program
5. Two (2) inserts in program bag
6. Company logo in program for the event
7. Signage/poster at the event
8. Access to post-conference attendee roster\* – available two (2) weeks following the conference

#### **Refreshment Breaks**

1. One (1) complimentary conference registration
2. One (1) 6-foot table in prominent position during refreshment break
3. B/W ¼ page description with logo in program
4. Company logo in program for the event
5. Signage/poster at the event
6. Access to post-conference attendee roster\* – available two (2) weeks following the conference

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



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## Sponsor & Exhibitor Commitment Form

**Company Name** – As Your Name Should Appear in All Printed Material:

\_\_\_\_\_

*Authorized Person:*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province/State, Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Contact for Billing:*

Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Contact for Program Information:*

Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Sponsorship Type**

Exhibitor  \$1,500 Member  \$2,500 NonMember

Sponsor  Complete Sponsor Form and attach

### **Payment:**

Please Invoice

To obtain wire instructions send an email to [dlaurenzi@idealliance.org](mailto:dlaurenzi@idealliance.org)

Charge Credit Card  VISA  Mastercard  American Express

Account number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

Send completed form to: Joy Blake  
IDEAlliance  
1421 Prince Street, Suite 230  
Alexandria, VA 22314 USA  
Email: [jblake@idealliance.org](mailto:jblake@idealliance.org)  
Phone: (910) 200-4177 Fax : (703) 837-1072