

Insight Track Sponsorship Agreement

Please complete this sponsorship agreement in full and return with appropriate payment. Written confirmation will be sent upon approval by the AAE.

1. COMPANY INFORMATION

Company Name (as it should appear in print)

Alphabet letter under which you would like your company name to be listed

Address

City State/Country Zip/Postal Code

Phone Website

Contact Name Contact Title

Contact Phone Contact Email (Required)

2. CORPORATE ATTENDANCE PACKAGE

Standard Package (automatically included in total) \$1,950

3. ADDITIONAL CORPORATE REPRESENTATIVE

Two onsite representative registrations are included with the standard attendance package. Select the box below to add a corporate representative.

Additional Corporate Representative \$500

TERMS AND CONDITIONS

The company or individuals listed on this application agree to comply with all the policies, terms and regulations outlined in the [AAE Exhibitor Rules & Regulations](#).

We further acknowledge that the AAE reserves the right, in its absolute discretion, to reject this Application/Contract. This application shall not become a binding contract until fully executed by both parties.

RETURN APPLICATION TO:

Marianne Niles, Corporate Relations Manager
mniles@aae.org

or

Deb Brisson, Exhibits & Sponsorship Manager
dbrisson@aae.org

4. SPONSORSHIP OPPORTUNITIES

Please specify a quantity of at least 1 where applicable.

Welcome Reception	\$10,000
President's VIP Reception	\$7,000
Attendee Wi-Fi	\$5,000
Registration Bags with Insert	\$4,000
Hotel Keycards	\$3,500
Lanyards	\$3,500
Continental Breakfasts	\$3,000
AAE Educational Session Support (6)	_____ x \$3,000 each
Welcome Gift	\$3,000
Insight Track Website Ads	\$2,500
Networking Breaks (2)	_____ x \$2,500 each
Mobile App Ad	\$2,000
Email Banner Ad	\$1,500

5. TOTAL CONTRACT

Total Package \$ _____

6. FORM OF PAYMENT

Payment (in U.S. funds) will be accepted in the form of a check made payable to the American Association of Endodontists or a credit card, and must accompany this agreement.

Select:

- Invoice for check payment
- ACH payment
- Charge the credit card below for the full amount

Payment is by (please check one):

Visa
 MasterCard
 American Express
 Discover

Card Number Expiration Date CVC Code

Authorized by (print name)

Signature Date

Note: Any credit card charge over \$5,000 will incur a 3% processing fee.