



Master Brewers Conference

October 28–30 | Hilton Cleveland | Cleveland, Ohio

Sponsorship Reservation Form

SPONSORSHIP OPPORTUNITIES

Hybrid Opportunities	Cleveland	Virtual	Both
Attendee gifts	\$5,000+	\$5,000+	\$10,000+
Banner ad in pre-conference email	\$2,500	\$2,500	\$5,000
Coffee	\$5,000	varies	\$5,000+varies
Company registration packages	varies	varies	varies
Daily Email or Notification Sponsor	\$2,500	\$2,500	\$4,000
Lunch	\$5,000	varies	\$5,000+varies
Main stage sponsorship	\$10,000	\$10,000	\$15,000
Registration Confirmation Email	\$3,000	\$3,000	\$5,000
Session music	\$5,000	\$5,000	\$8,000
Session sponsorship	\$3,000	\$3,000	\$5,000
Sponsor networking session	\$3,000	\$3,000	\$5,000
Sponsor your own session	\$6,000	\$6,000	\$10,000
Spotlighted networking time	\$3,000	\$3,000	\$5,000
Swag bag inserts	\$3,000	\$3,000	\$5,000
Swag bags	\$6,000	\$6,000	\$10,000
Create your own sponsorship			\$ _____

Cleveland Opportunities	Cleveland	Virtual	Both
Room drop gifts	\$5,000+	N/A	N/A

Virtual Opportunities	Cleveland	Virtual	Both
Ad roll to kick off virtual session	N/A	\$3,000	N/A
Banner ad on meeting platform	N/A	\$3,000	N/A

Sponsorship Packages

- VIP: \$20,000+
- Platinum: \$10,000
- Gold: \$5,000
- Bronze: \$2,000

Total Due \$ _____

COMPANY AND CONTACT INFORMATION

Company Name _____

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 Master Brewers, drawn only from a U.S. bank)

When you provide a check for payment, you authorize us 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 Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.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 _____

PAYMENT 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 Court
 Ste 202
 Saint Paul, MN 55121
bplank@scisoc.org or fax: +1.651.454.0766

QUESTIONS?

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

