



# Master Brewers Midwest Technical Conference

Hosted by the Master Brewers Midwest District

October 28–29, 2022 | Wyndham Indianapolis West | Indianapolis, IN, U.S.A.

## Sponsorship Form

### SPONSORSHIP OPPORTUNITIES

Lanyards	\$4,000	\$ _____
Conference Bags	\$4,000	\$ _____
Main Stage (\$3,000 per day or \$5,000 total)		
October 28	\$3,000	\$ _____
October 29	\$3,000	\$ _____
Both October 28 and 29	\$5,000	\$ _____
Happy Hour	\$3,000	\$ _____
Lunch	\$2,000	\$ _____
Coffee	\$2,000	\$ _____
Swag for bags	\$1,000	\$ _____
Other _____		\$ _____
<b>Total Due</b>		<b>\$ _____</b>

Submit the following information to Rhonda Wilkie:

[rwilkie@scisoc.org](mailto: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 Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.*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.

### COMPANY AND CONTACT INFORMATION

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

Contact Name \_\_\_\_\_

Contact Email \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province/Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

### PLEASE RETURN THIS FORM TO:

Brianna Plank, 3285 Northwood Circle, Suite 100, St. Paul, MN 55121  
[bplank@scisoc.org](mailto:bplank@scisoc.org) or fax: +1.651.454.0766

### QUESTIONS?

Brianna Plank, Director, Business Development  
+1.651.994.3819  
[bplank@scisoc.org](mailto:bplank@scisoc.org)

[mbaa.com](http://mbaa.com)