CEREALS & GRAINS 18

October 21–23, 2018 • Hilton London Metropole • London, United Kingdom

2018 AACC International Sponsorship Reservation Form

SPONSORSHIP OPPORTUNITIES

Please select which item(s) you would like to sponsor. All sponsorship rates are in U.S. dollars.

Tuesday Closing Reception	\$15,000	\$
Sponsored Session	\$10,000	\$
Wi-Fi	\$10,000	\$
Audio Visual	\$8,000	\$
Webinar	\$7,000	\$
Conference Bags	\$5,500	\$
Lanyards	\$5,500	\$
Exhibit Hall Lunch	\$5,000	\$
Happy Hour in the Expo Hall	\$5,000	\$
AACCI Meeting App	\$5,000	\$
"I Am Here" Photo Opportunity	\$4,000	\$
Speaker Breakfast or Happy Hou	r \$3,000	\$
Phone Charging Station	\$3,000	\$
Program Session	\$3,000	\$
Registration Kiosk	\$3,000	\$
Workshop	\$3,000	\$
Email Blast	\$2,000	\$
Registration Confirmation Email	\$2,000	\$
Travel Email Sponsor	\$2,000	\$
Coffee Breaks (multiple)	\$1,500	\$
Field Trips	\$1,500	\$
General Meeting Sponsor	\$1,000+	\$
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Total Contribution

\$

COMPANY AND CONTACT INFORMATION

Company Name (exactly as it should appear in print)

Contact Name	
Contact Email	
Telephone	
Address	
City	
State/Province	
Zip/Postal Code	
Country	

SPONSORSHIP RECOGNITION

Submit the following information to Rhonda Wilkie: rwilkie@scisoc.org

- Logo in full color in one of the following formats:
 - Vector eps or ai (preferred)
- High resolution tif or jpg at no less than 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 AACCI, 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 Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.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 ____

SPONSORSHIP TERMS

Payment must be received to initiative 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 3340 Pilot Knob Road St. Paul, MN 55121, U.S.A. bplank@scisoc.org or fax: +1.651.454.0766



QUESTIONS?

Brianna Plank, Business Development Manager +1.651.994.3819 bplank@scisoc.org aaccnet.org