

USA PARTNERSHIP PAVILION | SPONSORSHIP & ADVERTISING CONTRACT

1. Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____ Phone: _____

2. Person Responsible for Planning: _____ Email: _____

3. Address to which Invoice should be sent (if different from above)

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____ Invoice to attention of: _____ Email: _____

4. Investments

- | | |
|--|---------|
| <input type="checkbox"/> VIP Reception | \$7,000 |
| <input type="checkbox"/> Meeting Point Exhibitor Lounge | \$9,500 |
| <input type="checkbox"/> Pavilion Opening Ceremony | \$4,500 |
| <input type="checkbox"/> Newsstand and Headline News - Spotlight | \$4,000 |
| <input type="checkbox"/> Newsstand and Headline News - Exclusive | \$1,950 |
| <input type="checkbox"/> Carpet Star | \$1,000 |
| <input type="checkbox"/> Lanyard | \$5,000 |
| <input type="checkbox"/> Tote Bag Sponsor | \$6,000 |
| <input type="checkbox"/> Hand Sanitizer Stations | \$1,950 |

Sponsorship Total =USD\$ _____

Advertising Opportunities in the *USA Partnership Pavilion Visitors Guide* ORGANIZED BY KALLMAN WORLDWIDE

- | | | | |
|--|-------|---|---------|
| <input type="checkbox"/> Full Page Ad | \$750 | <input type="checkbox"/> Inside Front Cover | \$895 |
| <input type="checkbox"/> Half Page Ad | \$500 | <input type="checkbox"/> Outside Back Cover | \$1,350 |
| <input type="checkbox"/> Inside Back Cover | \$895 | | |

Advertising Total =USD\$ _____

GRAND TOTAL =USD\$ _____

5. PAYMENT

Your sponsorship investment will not be confirmed without payment details. You will receive an invoice from Kallman Worldwide with payment instructions.

- Check:** made payable to Kallman Worldwide, Inc., 4 North Street, Suite 800, Waldwick, NJ 07463, USA
- Wire Transfer:** Please e-mail ToniR@kallman.com
- Credit Card** option available for transactions under \$20,000: Please e-mail ToniR@kallman.com

Contract Authorizing Signature * _____

Date * _____ Printed name of Signatory * _____

Send completed form by fax or email to Rob French, Sales Account Executive: +1 (201) 904-5484 | RobF@kallman.com