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## 1 COMPANY INFORMATION

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 2 SPONSORSHIP OPPORTUNITIES

- |   |          |          |
|---|----------|----------|
| <input type="checkbox"/> Networking Lounge              | \$15,000 | \$ _____ |
| <input type="checkbox"/> Afternoon Networking Reception | \$7,500  | \$ _____ |
| <input type="checkbox"/> Exhibit Hall Hanging Banners   | \$6,000  | \$ _____ |
| <input type="checkbox"/> Morning Coffee Service         | \$5,000  | \$ _____ |
| <input type="checkbox"/> Refreshment Breaks             | \$5,000  | \$ _____ |
| <input type="checkbox"/> General Session Amenities      | \$2,500  | \$ _____ |

### Show Guide Sponsorships

- |   |         |          |
|---|---------|----------|
| <input type="checkbox"/> Back Cover Advertisement         | \$5,000 | \$ _____ |
| <input type="checkbox"/> Inside Front Cover Advertisement | \$4,000 | \$ _____ |
| <input type="checkbox"/> Inside Back Cover Advertisement  | \$3,000 | \$ _____ |
| <input type="checkbox"/> Full-Page Advertisement          | \$3,000 | \$ _____ |
| <input type="checkbox"/> Front Cover Sponsorship          | \$3,000 | \$ _____ |
| <input type="checkbox"/> Page Runner Sponsorship          | \$3,000 | \$ _____ |
| <input type="checkbox"/> Premium Listing Sponsorship      | \$500   | \$ _____ |

## 3 PAYMENT

Payment by credit card or check at the time of contract submission is preferred. Sponsorships may be invoiced and are payable within 30 days. If payment is not received, sponsor will forfeit their right to sponsor. All payments must be received prior to the event. Confirmation of sponsorships, along with any additional specifications, deadlines, etc., will be by email. Cancellation policy: no refunds.

**TOTAL: \$** \_\_\_\_\_

- Check: Please make payable to Association of the United States Army. Mail to address listed above.
- Credit Card
- Visa       MasterCard       American Express

Card # \_\_\_\_\_

Exp. date \_\_\_\_\_

CSV code \_\_\_\_\_

Name on card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

## 4 AUTHORIZATION

This contract must be submitted with authorizing signature, agreeing to abide by all terms, conditions, and specifications, and to the commitment total tallied above. Any questions regarding a specific opportunity in advance of submission may be directed to AUSA Sponsorship Manager, contact information above.

\_\_\_\_\_  
 Sponsor's Authorized Signature

\_\_\_\_\_  
 Date