

AAIDD Annual Meeting Sponsor & Exhibit Engagement Form

June 10-12, 2024, Louisville, KY

Send this form Attn: Maria Alfaro at AAIDD, 8403 Colesville Rd. Silver Spring, MD 20910

Fax 202-387-2193, or maria@aaidd.org

COMPANY INFORMATION

Company/Organization Name: _____

Primary Contact's Name/Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Website: _____

SPONSORSHIP PACKAGES

- | | |
|---|-----------|
| <input type="checkbox"/> Platinum Sponsor | \$ 15,000 |
| <input type="checkbox"/> Gold Sponsor | \$ 10,000 |
| <input type="checkbox"/> Silver Sponsor | \$ 5,000 |
| <input type="checkbox"/> Copper Sponsor | \$ 3,500 |

All sponsors receive a complimentary exhibit

A-LA-CARTE-SPONSORSHIP ITEMS

- | | |
|---|----------|
| <input type="checkbox"/> Plenary Sponsor | \$ 8,000 |
| <input type="checkbox"/> Professional Headshots | \$ 4,000 |

AUTHORIZED SIGNATURE

By signing this application I acknowledge that as a representative of this company, I have read the rules and regulations outlined on page 7 of this prospectus. I also understand this application will become a binding contract upon acceptance and confirmation by AAIDD.

Authorized applicant signature _____

Date: _____

EXHIBIT FEE

- | | |
|---|--------|
| <input type="checkbox"/> Exhibitor Fee | \$ 850 |
| <input type="checkbox"/> Non-Profit Exhibit Fee | \$ 650 |

BAG INSERTS

- | | |
|---|----------|
| <input type="checkbox"/> One 8.5x11-inch single page item | \$ 1,000 |
| <input type="checkbox"/> Small promo items | \$ 1,200 |
| <input type="checkbox"/> Mousepad | \$ 2,000 |

ADVERTISING

- | | |
|--|--------|
| <input type="checkbox"/> Full-page Ad | \$ 600 |
| <input type="checkbox"/> Half-page Ad | \$ 375 |
| <input type="checkbox"/> Quarter-page Ad | \$ 225 |

TOTALS *Note: Please enter the individual amounts manually*

Sponsor package	= \$
A-la Carte Sponsorship	= \$
Bag Inserts	= \$
Exhibit Fee	= \$
Advertising	= \$
TOTAL	= \$

PAYMENT INFORMATION—Select a payment method

- ☐ Check Enclosed (Payable to AAIDD) ☐ Invoice me (P.O. Attached)
- ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Diners Club

Card Number _____

Expiration Date _____ Security Code _____

If the credit card billing address is different from the one provided above, please enter it here: