



APICES 2023 Sponsorship Agreement

Please complete this sponsorship agreement in full and return with appropriate payment. Written confirmation will be sent upon approval by the AAE.

1. COMPANY INFORMATION

Company Name (as it should appear in print)

Alphabet letter under which you would like your company name to be listed

Address

City State/Country Zip/Postal Code

Phone Website

Contact Name Contact Title

Contact Phone Contact Email (Required)

2. CORPORATE ATTENDANCE PACKAGE

Exhibit Package.....\$5,895

EXHIBIT & SPONSORSHIP CANCELLATION POLICY

Prior to June 14..... Full Refund Issued
 June 14 - August 1..... 50% Refund Issued
 After August 1..... No Refunds Issued.

TERMS AND CONDITIONS

The company or individuals listed on this application agree to comply with all the policies, terms and regulations outlined in the [AAE Exhibitor Rules & Regulations](#).

We further acknowledge that the AAE reserves the right, in its absolute discretion, to reject this Application/Contract.

This application shall not become a binding contract until fully executed by both parties.

RETURN APPLICATION TO:

Marianne Niles, Corporate Relations Manager
mniles@aae.org

3. SPONSORSHIP OPPORTUNITIES

Friday Night Welcome Party.....	\$30,000
Registration Bags with Insert.....	\$4,500
Hotel Keycards.....	\$4,000
Attendee WiFi.....	\$3,500
Photo Booth Fun.....	\$3,500
Networking Reception Station.....	\$3,000
Breakfast.....	\$2,500
Lanyards.....	\$2,500
Lunch.....	\$2,500
Notebook & Pens.....	\$2,500
Water Bottles.....	\$2,500
Welcome Gift.....	\$2,500
AAE Educational Session Support (6).....	_____ x \$2,000 each
Meter Board in Foyer (4).....	_____ x \$2,000 each
Mobile App Ads.....	\$1,500
Email Banner Ad.....	\$1,200

4. TOTAL CONTRACT

Total Package \$ _____

5. FORM OF PAYMENT

Payment (in U.S. funds) will be accepted in the form of a check made payable to the American Association of Endodontists or a credit card, and must accompany this agreement.

Payment is by (please check one):
 Check Visa MasterCard American Express Discover

Card Number Expiration Date CVC Code

Authorized by (print name)

Signature Date

Note: Any credit card charge over \$5,000 will incur a 3% processing fee.