



APICES 2024 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
 Additional Registrations x \$500 each

EXHIBIT & SPONSORSHIP CANCELLATION POLICY
 Prior to May 31..... Full Refund Issued
 June 14 - July 18 50% Refund Issued
 After July 18..... 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

Ballroom Foyer Window Clings (4)	Inquire for pricing
Friday Night Social Activity	\$30,000
Lobby Media Wall	\$4,500
Registration Bags with Insert	\$4,500
Hotel Keycards	\$4,000
Photo Booth Fun or Headshots	\$3,700
Attendee WiFi	\$3,500
Networking Reception Station	\$3,500
AAE Educational Session Support (6)	_____ x \$2,500 each
Breakfast	\$2,500
Lanyards	\$2,500
Lunch	\$2,500
Meter Board Sign (3)	_____ x \$2,500 each
Notebook & Pens	\$2,500
Water Bottles	\$2,500
Welcome Gift	\$2,500
APICES Website Ads	\$2,300
Elevator Monitors	\$2,250
Digital Lobby Monitors (4)	_____ x \$2,000 each
Mobile App Ads	\$1,800
Email Banner Ad	\$1,500

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.