



## APICES 2025 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 .....\$6,045

Additional Registrations (limit 2) ..... x \$500 each

#### EXHIBIT & SPONSORSHIP CANCELLATION POLICY

Prior to May 30 .... Full Refund Issued

May 31 - July 11 .... 50% Refund Issued

After July 11 ..... 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](mailto:mniles@aae.org)

### 3. SPONSORSHIP OPPORTUNITIES

Friday Night Social Activity .....	\$35,000
Headshot Lounge .....	\$5,500
Registration Bags with Insert .....	\$4,500
Hotel Keycards .....	\$4,300
Attendee WiFi .....	\$3,700
Reception Bar Station .....	\$3,500
Reception Food Station .....	\$3,500
AAE Educational Session Support (6) .....	x \$3,000 each
Foyer Header Cling .....	\$3,000
Breakfast .....	\$2,500
Iced Coffee Station (2) .....	x \$2,500 each
Lanyards .....	\$2,500
Lunch .....	\$2,500
Notebook & Pens .....	\$2,500
Water Bottles .....	\$2,500
Welcome Gift .....	\$2,500
APICES Website Ads .....	\$2,000
Mobile App Ads .....	\$1,800
Email Banner Ad .....	\$1,600
Floor Cling .....	\$1,600

### 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.