



APICES 2026 Corporate Contract

Please complete this sponsorship application 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 \$6,075
 Additional Registrations (limit 4) x \$750 each

EXHIBIT & SPONSORSHIP CANCELLATION POLICY
 Prior to June 19 Full Refund Issued
 June 20 - July 10 50% Refund Issued
 After July 10 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:
Jean Heis, Exhibits & Sponsorship Manager
jheis@aae.org

3. SPONSORSHIP OPPORTUNITIES

Friday Night Social Activity	\$36,000
Headshot Lounge	\$6,000
Registration Bags with Insert	\$4,700
Hotel Keycards	\$4,400
Attendee WiFi	\$3,800
Reception Bar Station	\$3,600
Reception Food Station	\$3,600
AAE Educational Session Support (5)	x \$3,100 each
Breakfast	\$2,600
Iced Coffee Station (2)	x \$2,600 each
Lanyards	\$2,600
Lunch	\$2,600
Notebook & Pens	\$2,600
Water Bottles	\$2,600
Welcome Gift	\$2,600
APICES Website Ads	\$2,100
Mobile App Ads	\$1,900
Email Banner Ad	\$1,700

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. For ACH or wire payment instructions, contact **Jean Heis** at jheis@aae.org.

Payment is by (please check one):
 Check Visa MasterCard Amex Discover ACH/Wire

 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.