

## **Exhibitor & Sponsorship "Level" Packages**

Platinum Level \$6,000 (Limit: four companies)

- One Friday Lab Session
- One Vendor Sales Presentation (Choose from Wednesday or Thursday)
- Two promotional e-mail blasts to EDGE Database
- Two Full Conference Registrations
- Marketing insert included in the Registration Packet
- Company name and logo on signage at the event and on the EDGE Web site
- 2009 Vendor Membership
- Sponsor recognition at the Monday Night Special Event
- Exhibit Tabletop at the Wednesday and Thursday lunch
- Special discounts for additional vendor registrations
- Discounts available for vendor company's customers
- PLUS....Choose ONE of the following (Available on a first-come/first-serve basis):

#### □ PADFOLIO

Secure "portable" advertising and high visibility. Your company logo will appear on the padfolio handed to all registered attendees when they arrive. Attendees use their padfolios throughout the conference and long after the close of the meeting.

### □ BADGE LANYARD

Badge lanyards are a must-have for all the attendees. This is your opportunities to have your company name around the neck of every attendee.

#### **□ KEYNOTE SPEAKER**

The keynote speaker is the highlight of the conference! You can sponsor the opening keynote speaker, who will set the pace for this rewarding event! *Company logo will be displayed on the screen during the open session.* 

### □ WATER BOTTLE

Each EDGEucate 2009 attendee will receive a water bottle with your company logo on it! Your company's message will be carried by the attendee.

Gold Level \$4,000 (Limit: four companies)

- One Wednesday Lab Session
- One Vendor Sales Presentation (Choose from Wednesday or Thursday)
- One promotional e-mail blast to EDGE Database
- One Full Conference Registration
- Marketing insert included in the Registration Packet
- Company name and logo on signage at event and on the EDGE Web site
- EDGEucate 2009 Vendor Membership
- Coffee Break Sponsor for entire event
- Sponsor recognition at the Thursday Special Event
- Exhibit Tabletop at the Wednesday and Thursday lunch
- Special discounts for additional vendor registrations
- Discounts available for vendor company's customers

### Silver Level \$2,500

- One Full Conference Registration
- Marketing insert included in the Registration Packet
- Company Name and Logo on signage at the event and on the EDGE Web site
- Exhibit Tabletop at the Wednesday or Thursday lunch
- Special discounts for additional vendor registrations
- Discounts available for vendor company's customers



## **Exhibitor & Sponsorship Unique Opportunities**

## Marketing Insert in the Registration Packet \$1,000

Place one EDGE-approved insert promoting your company into each attendee's Registration Packet.

## **Thursday Night Special Event**

\$2,500

After a day filled with exciting information, what better way to network with members than to kick back, relax and have some fun! The Thursday Night Special Event will be hosted at an offsite venue. This is the perfect opportunity for you to follow-up with the attendees you met during the tradeshow earlier in the afternoon. This sponsorship includes signage and a giveaway opportunity.

Want to Receive a 25% discount on your sponsorship?

\*Sponsor EDGEucate 2009 and EDGE EMEA 2009\*

Contact Steve Rabeor, EDGE Sales Manager, at +312.673.5883 or <a href="mailto:srabeor@smithbucklin.com">srabeor@smithbucklin.com</a> for details



# **Exhibitor & Sponsorship Contract**

| Contact Name:                                                                                                                   |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Will this person attend the event? ☐ Yes ☐ No (please note who will attend below):                                              |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                 |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| State/Province:                                                                                                                 |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Country:                                                                                                                        |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| _Fax:                                                                                                                           |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Web site:                                                                                                                       |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                 |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| d (\$4,000)                                                                                                                     |                                                                              | ☐ Silver (\$2,500)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| If not choosing a level, select your unique sponsorship:  □ Marketing Insert (\$1,000) □ Thursday Night Special Event (\$2,500) |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Total amount due to EDGE: \$*  *If sponsoring EDGEucate 2009 and EDGE EMEA 2009, apply 25% discount to total amount.            |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| □ AMEX                                                                                                                          | □ VISA                                                                       | ☐ MASTERCARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                 | _Exp. Date:                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                 |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                 |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                 | State/Province Country: Fax: Web site: (\$4,000)  unique spoi sday Night Spe | State/Province: Country: Fax: Web site: Web site: State/Province:  Web site:  Web site: State/Province:  Web site:  Web s |

Full payment is due with contract. Send payment to:

If paying by check: EDGE, 401 N. Michigan Ave, Chicago, IL 60611, USA

If paying by credit card: Fax to +312.673.6660

If you have questions, please contact Steve Rabeor, EDGE Sales Manager at +312.673.5883 or srabeor@smithbucklin.com