



Sponsorship & Unrestricted Educational Grants 2014

Unrestricted Educational Grant Levels

All unrestricted educational grants support of the educational portion of the meeting includes support recognition (at selected level) on the chapter's website for one year, in *E-News*, in the program booklet, and on signage.

Diamond Level	\$10000
Platinum Level	\$7500
Gold Level	\$5000
Silver Level	\$2500
Bronze Level	\$1000

Sponsorship

Opportunities are available to sponsor social activities held during the Annual Meeting. These opportunities include recognition on the chapter's website for one year, in *E-News*, in the program booklet, and on signage during the activity.

Networking Break (2 Available)	\$1000
Networking Lunch	\$2500
President's Dinner	\$3500
Welcome Reception/Wine Tasting	\$5000

2014 Sponsorship / Unrestricted Educational Grants

Today's Date: _____

Company/Organization Information

Company Name: _____

Contact Person

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Fax: _____

Signature: _____

Payment

Unrestricted Educational Grant

- | | |
|------------------------------------------------|----------------|
| <input type="checkbox"/> Diamond Level | \$10000 |
| <input type="checkbox"/> Platinum Level | \$7500 |
| <input type="checkbox"/> Gold Level | \$5000 |
| <input type="checkbox"/> Silver Level | \$2500 |
| <input type="checkbox"/> Bronze Level | \$1000 |

Sponsorship

- | | |
|----------------------------------------------------|---------------|
| <input type="checkbox"/> Networking Break | \$1000 |
| <input type="checkbox"/> Networking Lunch | \$2500 |
| <input type="checkbox"/> President's Dinner | \$3500 |
| <input type="checkbox"/> Welcome Reception | \$5000 |

TOTAL AMOUNT PAID = _____

Payment Method

- ☐ Check Enclosed (payable to Ohio Chapter, ACS)
- ☐ Credit Card (circle one):

DISCOVER • MC • VISA • AMEX

Card # _____ Expiration Date _____

Verification/Security Code (on back of credit card) _____

Name as Printed on Card _____

Signature _____ Date _____

Mail completed application form with payment to: Ohio Chapter, ACS
PO Box 1715
Columbus, OH 43216-1715

Or fax application with credit card information to (877) 835-5798.

*For exhibiting opportunities, please go to www.ohiofacs.org Marketplace tab.
For questions, contact us at ocacs@ohiofacs.org or (614) 505-7203.*