

SPONSORSHIP/ AD INSERTION

Please review the 2020 BICSI Conference & Exhibition Rules and Regulations and Exhibitor Contract at bicsi.org/marketing.

2020 WINTER Feb. 9-13 | Exhibits: Feb. 10-12

Tampa Convention Center, Tampa, FL, USA

2020 FALL Sept. 27-Oct.1 | Exhibits: Sept. 28-30

Mandalay Bay Hotel & Convention Center, Las Vegas, NV, USA

CONTACT INFORMATION (please type or print clearly)

Exhibitor/Full company name (as you would like it to appear)				Order date
Address	City	State/Province	Zip/Postal code	Country
Website		Company phone number	Company toll-free number	

PRIMARY BOOTH CONTACT (to receive all exhibitor mailings)

Title	Authorized Signature		
Work number	Mobile number	Email	Fax

SECONDARY CONTACT

Work number	Mobile number	Email	Fax
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If requesting a bigger booth size than what you receive with your sponsorship level, please use the appropriate pricing found on the exhibitor applications on pages 17-20 for each additional 10'x10' when entering below.

WINTER SPONSORSHIP LEVEL	
<input type="checkbox"/> Diamond	<input type="checkbox"/> Platinum
<input type="checkbox"/> Silver	<input type="checkbox"/> Bronze
Sponsorship level cost:	\$ _____
ADDITIONAL 10X10's	
Quantity:	_____
+ \$/10X10	\$ _____
Layout: (i.e. 20x30)	_____
Total	\$ _____
Other Sponsorships (pages 10-13)	
Item one:	_____
+ Item one cost:	\$ _____
Item two:	_____
+ Item two cost:	\$ _____
Item three:	_____
+ Item three cost:	\$ _____
PROGRAM AD(s)	
Ad size:	_____
Quantity:	_____
+ Ad cost:	\$ _____
= TOTAL	\$ _____

FALL SPONSORSHIP LEVEL	
<input type="checkbox"/> Diamond	<input type="checkbox"/> Platinum
<input type="checkbox"/> Silver	<input type="checkbox"/> Bronze
Sponsorship level cost:	\$ _____
ADDITIONAL 10X10's	
Quantity:	_____
+ \$/10X10	\$ _____
Layout: (i.e. 20x30)	_____
Total	\$ _____
Other Sponsorships (pages 10-13)	
Item one:	_____
+ Item one cost:	\$ _____
Item two:	_____
+ Item two cost:	\$ _____
Item three:	_____
+ Item three cost:	\$ _____
PROGRAM AD(s)	
Ad size:	_____
Quantity:	_____
+ Ad cost:	\$ _____
= TOTAL	\$ _____

