



## Sponsorship Application

Company Name (as it should appear in print) \_\_\_\_\_

Key Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

### Name of person(s) utilizing complimentary registration(s)

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

## Sponsorship Levels:

### ☐ **DIAMOND — \$1,500**

#### *Includes:*

- Shared sponsorship opportunity
- Recognition from podium where available
- Company logo on event signage where available
- Recognition on SHFM website and linked to your company page
- 2 complimentary registrations  
(Full Day for Young Professionals or Reception Only for non-YP)
- Opportunity to incorporate a limited number of pre-packaged products for service on bars, breaks and/or reception (where available)
- Post-event attendee list\* (email addresses included)

### ☐ **PLATINUM — \$1,000**

#### *Includes:*

- Shared sponsorship opportunity
- Recognition from podium where available
- Company logo on event signage where available
- Recognition on SHFM website and linked to your company page
- 2 complimentary registrations (Full Day for Young Professionals or Reception Only for non-YP)
- Post-event attendee list\* (email addresses included)

#### \* LIST USE AGREEMENT

1. The list will be used only for the one-time direct mail or email purpose for which it was approved.
2. The list will not be duplicated, resold or integrated into a permanent database and agrees to abide by this agreement.
3. Noncompliance of the agreement will disqualify the company from receiving future lists from SHFM.

Exhibit Logistics Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Payment Information:

☐ My check payable to SHFM is enclosed ☐ Send an invoice Invoice Email \_\_\_\_\_

Charge my credit card:

☐ Discover ☐ VISA ☐ MasterCard ☐ AMEX

Card # \_\_\_\_\_ Please call with card info \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

#### **Send Payment to:**

Society for Hospitality and Foodservice Management  
2301 River Rd., Suite 102  
Louisville, KY 40206

I agree to the charges indicated above. All sales are final. Refunds cannot be made after sponsorship form has been acknowledged by SHFM headquarters. Please check all information carefully. Payment due before start of event.

**Questions?** Contact: Michelle Romero  
Executive Vice President  
502-574-9036 — [mrromero@hqtrs.com](mailto:mrromero@hqtrs.com)