



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 — \$1,250

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 — \$750

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)

GOLD — \$450

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
- 1 complimentary registration (Full Day for Young Professionals or Reception Only for non-YP)

*** 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.

Event Logistics Contact _____

Phone _____ Email _____

Payment Information:

My check payable to SHFM is enclosed Send an invoice

Charge my credit card:

Discover VISA MasterCard AMEX

Send Payment to:

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

Card # _____ Please call with card info _____ Expiration Date _____ CVV _____

Signature _____

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
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