



## **2018 FALL CONFERENCE ADVERTISING/SPONSORSHIP OPPORTUNITIES**

ASBO MD&DC provides advertising and sponsorship opportunities to our Business Partners. This fall we hope that you will take advantage of this opportunity to showcase your business in our Conference Program, or by one of our Sponsorship opportunities listed below.

The program Book is 5 ½” by 8 ½ “, ads should allow for borders within that size. The program is 4 color, with high resolution printing. Advertisements are placed on a first come, first served basis. Text, .pdf and camera ready copy are preferred.

Please use the convenient selection and payment form below to make your Advertising/Sponsorship opportunities selection(s).

Multiple sponsorships are available for each of the items listed below.

### **ADVERTISEMENTS**

Inside Covers and Back Cover Ads	\$500
Other Full Page Ads	\$350
Half Page Ads	\$200

### **SPONSORSHIPS**

Keynote Speaker	\$1000
Lunch	\$500
Break Area (all day)	\$500
Educational Sessions	\$500

Program Ads must be submitted by close-of-business, October 15, 2018

For additional information contact Jeff LaPorta, Executive Director, ASBO MD&DC at:  
[jlaporta@asbo.org](mailto:jlaporta@asbo.org)

SELECT	DESCRIPTION	PRICE	TOTAL
	<b>FALL CONFERENCE SPONSORSHIPS</b>		
	Phillips Best Practice Award	\$2,500	
	Luncheon- Multiple Sponsorships are Available	\$500.00	
	Break Area (All Day) – Multiple Sponsorships are Available	\$500.00	
	Keynote Speaker	\$1,000.00	
	Educational Sessions – Multiple Sponsorships Available	\$500.00	

	<b>FALL CONFERENCE PROGRAM</b>		
	Inside Covers	\$500.00	
	Back Cover Ads	\$500.00	
	Other Full Page Ads – Per Page	\$350.00	
	Half Page Ads- Each	\$200.00	
		Total	

**PAYMENT OPTIONS:**

<b>By Check- Make All Checks Payable to ASBO MD&amp;DC</b>	
E-Mail to <a href="mailto:jlaporta@asbo.org">jlaporta@asbo.org</a> or Mail to: 1200-C Agora Dr., Ste. 241, Bel Air, MD 2104	
<b>By Credit Card: <u>  </u> Visa <u>  </u> MasterCard <u>  </u> AMEX</b>	
Credit Card # _____	Expiration Date: _____ (mm/yy)
Name on Card _____	Amount \$ _____ CVV _____
Company Name _____	
Billing Address _____	
Billing Address _____	
City _____	State _____ Zip _____
Signature of card holder (Required) _____	
Phone: _____	
Email _____	

**ASBO MD&DC THANKS YOU FOR YOUR GENEROUS SUPPORT!**