

2019 IFDA SMart Conference Sponsorship Agreement



July 28-30, 2019
Loews Philadelphia Hotel
Philadelphia, PA

Opportunities	Exclusive Non-Member	Exclusive Allied or Partner	Event
Wi-Fi / Mobile App	<input type="checkbox"/> \$12,000	<input type="checkbox"/> \$10,000	
Sunday Night Welcome Reception	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$8,500	<input type="checkbox"/> \$5,000
Breakout Session Sponsor	<input type="checkbox"/> \$8,500	<input type="checkbox"/> \$7,500	
Monday Networking Reception	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$7,000	<input type="checkbox"/> \$4,000
Monday Breakfast	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$3,000
Monday Luncheon	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$3,000
Tuesday Breakfast	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$3,000
Hospitality Area	<input type="checkbox"/> \$9,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$4,500
Custom Logo Hotel Keycards	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$4,000	
Education Session Sponsor	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$3,000	
Table Top Exhibit	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$3,500	
***One 6-foot Table Top Exhibit	<input type="checkbox"/> \$1,000 <i>current sponsors</i>		
Charging Locker Tower	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$3,500	
Lanyards	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$3,500	
Sunday Night Room Drop	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$2,500	

Sponsorship Levels

Exclusive Allied or Partner	Exclusive sponsorship at the Allied or Partner rate. <i>(Only sponsor of opportunity)</i>
Exclusive Non-Member	Exclusive sponsorship at Non-Member rate. <i>(Only sponsor of opportunity)</i>
Event	Non-exclusive, event level sponsorship. <i>(Open to multiple sponsors)</i>

Contact Information

Contact Information: _____ Website: _____

Company Name: _____ IFDA Member ID: _____

Contact Name: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Payment Information

Charge my credit card in the amount of \$: _____ American Express Visa MasterCard

Card Number: _____ Exp. Date: _____

Name of Cardholder (Please Print): _____ CVV #: _____

Signature: _____

Pay by check: International Foodservice Distributors Association, PO Box 41632, Baltimore, MD 21203-6632. If paying by credit card, please complete and return to sales@ifdaonline.org.

Note: Contributions of gifts to IFDA are not tax deductible as charitable contributions for federal income tax purposes. Federal Tax ID#06-1638811