



Advertising & Sponsorships Opportunities

Ohio Expo & Tech Forum
 Wednesday, August 5, 2020
 Embassy Suites Cleveland Rockside

Full Page Ad in onsite Show Directory (unlimited) <ul style="list-style-type: none"> 5.5" x 8.5" handout to all attendees containing exhibitors, technical program schedule, sponsorship recognition and additional event information <i>(preferred file types: .jpg, .doc, .pdf) (email ad to courtney@smta.org by July 20, 2020)</i> 	<input type="checkbox"/> B&W/\$125 <input type="checkbox"/> Color/\$200
Breakfast Sponsorship: (1 available) <ul style="list-style-type: none"> Logo recognition in Show Directory Logo recognition and link to company Web site Onsite signage posted throughout area breakfast area 	<input type="checkbox"/> \$500
Refreshment Sponsorship: (3 available) <ul style="list-style-type: none"> Logo recognition in Show Directory Logo recognition and link to company Web site Onsite signage posted throughout area 	<input type="checkbox"/> \$300
Lunch Sponsorship: (1 available) <ul style="list-style-type: none"> Disposable paper placemats with logo at all place settings during lunch Logo recognition in Show Directory Logo recognition and link to company website listed on chapter webpage Onsite signage posted throughout expo/lunch area 	<input type="checkbox"/> \$1,000
Technical Session Sponsorship: (1 available) <ul style="list-style-type: none"> Placement of notebooks and pens on all tables (to be supplied by sponsor) Logo recognition in onsite Show Directory Logo recognition and link to company website listed on chapter webpage Logo on signage posted throughout technical session area 	<input type="checkbox"/> \$300
Tote Bag Sponsorship: (1 available) <ul style="list-style-type: none"> Tote bags to be given out at registration to attendees (250 bags supplied by sponsor) Logo recognition and link to company website listed on chapter webpage 	<input type="checkbox"/> \$300
	TOTAL: _____

CONTACT & PAYMENT INFORMATION					
Contact Name:			Email:		
Company:					
Payment:	<input type="checkbox"/> Amex	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> Check Enclosed	
Card #:		Exp. Date:		CVV #:	
Billing Address:					
City:			State:	Zip:	
Cardholder Name:			Signature:		

THANK YOU FOR YOUR SUPPORT!

Please return completed form to:
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