

# SPONSORSHIP/ AD INSERTION

2025 WINTER  
2-6 Feb. | Exhibits: 3-5 Feb.

Please review the 2025 BICSI Conference & Exhibition Rules and Regulations and Exhibitor Contract at [bicsi.org/marketing](http://bicsi.org/marketing).

2025 FALL  
17-21 Aug. | Exhibits: 18-20 Aug.

## CONTACT INFORMATION (please type or print clearly)

Exhibitor/Full company name (as you would like it to appear) Order date

Address City State/Province Zip/Postal code Country

Website Company phone number Company toll-free number

## PRIMARY BOOTH CONTACT (to receive all exhibitor mailings)

Name/Title Authorized Signature

Work number Mobile number Email Fax

Secondary Contact Title

Work number Mobile number Email Fax

If requesting a bigger booth size than what you receive with your sponsorship level, please use the appropriate pricing found on the exhibitor applications for each additional 10'x10' when entering below.

<b>WINTER</b> <b>SPONSORSHIP LEVEL</b> <input type="checkbox"/> Diamond <input type="checkbox"/> Platinum <input type="checkbox"/> Silver <input type="checkbox"/> Bronze	<b>FALL</b> <b>SPONSORSHIP LEVEL</b> <input type="checkbox"/> Diamond <input type="checkbox"/> Platinum <input type="checkbox"/> Silver <input type="checkbox"/> Bronze
Sponsorship level cost: \$ _____	Sponsorship level cost: \$ _____
<b>ADDITIONAL 10X10's</b> Quantity: _____ + \$/10X10            \$ _____ Layout: ( i.e. 20x30) _____ <b>Total \$</b> _____	<b>ADDITIONAL 10X10's</b> Quantity: _____ + \$/10X10            \$ _____ Layout: ( i.e. 20x30) _____ <b>Total \$</b> _____
<b>OTHER SPONSORSHIPS</b> Item one: _____ + Item one cost: \$ _____ Item two: _____ + Item two cost: \$ _____ Item three: _____ + Item three cost: \$ _____	<b>OTHER SPONSORSHIPS</b> Item one: _____ + Item one cost: \$ _____ Item two: _____ + Item two cost: \$ _____ Item three: _____ + Item three cost: \$ _____
<b>PROGRAM AD(S)</b> Ad size: _____ Quantity: _____ + Ad cost:            \$ _____	<b>PROGRAM AD(S)</b> Ad size: _____ Quantity: _____ + Ad cost:            \$ _____
<b>= TOTAL</b> \$ _____	<b>= TOTAL</b> \$ _____

**WE AGREE UNCONDITIONALLY THAT THIS SPONSORSHIP CONTRACT CANNOT BE CANCELLED AT ANY TIME. WE ALSO AGREE UNCONDITIONALLY TO THE FOLLOWING TERMS:**

1. If signing up by 22 March 2024, a 25% non-refundable deposit for each show is required. Remaining balances are due: Winter, by 4 October 2024; Fall, by 11 April 2025. If signing up after 22 March 2024, a 100% payment is due for Winter; 50% non-refundable deposit for Fall; Remaining balances are due on dates listed above or full payment is due if the dates listed above have passed. 2. Booth assignments will be made using a lottery system for all applications received and paid in full by the Early Bird deadline. After the deadline, assignments will be made on a first-come, first-served basis. 3. We understand, agree to, and will abide by the terms and conditions outlined in the *2025 BICSI Conference & Exhibition Rules and Regulations* AND the *Exhibitor Contract* found at [bicsi.org/marketing](http://bicsi.org/marketing). 4. The relationship between BICSI and the sponsoring organizations/corporations of an event or an event-related item does not represent exclusive agreements between BICSI and the specific organizations/corporations, nor does it suggest that BICSI endorses the programs, products, or services of the organizations/corporations. Sponsor agrees that this sponsorship contract cannot be cancelled at any time. **Important Note:** Should any of the sponsorship opportunities be partially funded, the sponsoring organization/corporation will receive the benefits outlined, but with the caveat "sponsored in part by name of company." **Right to Refuse Sponsor:** BICSI shall reserve the right to reject a potential sponsor on such factors as questionable business practices, those having a mission conflict with BICSI, or those who desire to assume control of an event through sponsorship. **Material Production:** BICSI will be responsible for the production of materials (unless otherwise specified) and will invoice the sponsoring organization/corporation directly. If the sponsoring organization/corporation is able to obtain a better product, then BICSI reserves the right to approve the product and subsequent design of the product. BICSI reserves the right to charge a sponsorship fee should the sponsoring organization/corporation decide to produce the materials. Quantities may change depending on attendance figures.

Exhibiting companies agree to maintain such insurance that will fully protect BICSI from any and all claims of any nature whatsoever, including claims under the Worker's Compensation Act, and for personal injury, including death which may arise in connection with the installation, operation, or dismantling of the exhibitor's display. Exhibiting companies are required to add on to their existing insurance portal-to-portal rider at a nominal cost, protecting them against the loss damage to their materials by fire, theft, accident, or other related loss.

**LOGO SUBMISSION:** Logos must be received upon confirmation of sponsorship. Please email [kosterman@bicsi.org](mailto:kosterman@bicsi.org). Logos must be provided as a vector file (Illustrator or EPS) in CMYK **AND** black **OR** white version. In addition, an RGB PNG must be provided for our website.

I, the undersigned, as authorized agent of the above-named company, agree to adhere to the specified terms and conditions of this contract/application and to the full *2025 BICSI Conference & Exhibition Rules and Regulations* and *Exhibitor Contract* located at [bicsi.org/marketing](http://bicsi.org/marketing). I understand I am responsible for ensuring that all other company representatives do the same. I acknowledge that BICSI reserves the right to accept or reject this application.

\_\_\_\_\_  
Authorized signature Title Date

**FOR BICSI USE ONLY**

**IMPORTANT:** The current show **MUST** be paid in full **PLUS** the minimum deposit required for any future show(s) **MUST** be paid in full to select booth space in that show's lottery.

	Winter	Fall
Company ID:		
Booth Number:		
Booth Size:		
Total Booth Cost:		
Deposit Received:		
Deposit Processed:		
Balance Due:		
Balance Received:		
Balance Processed:		
Invoice Number:		

**CONTACT BICSI**

**Mail or fax this form to:** BICSI, Attn: Courtney Nalls,  
8610 Hidden River Parkway, Tampa, Florida 33637-1000 USA  
Fax: +1 813.971.0286; Phone: 800.242.7405 (USA & Canada toll-free)  
or +1 813.769.1842; Email: [cnalls@bicsi.org](mailto:cnalls@bicsi.org); Web: [bicsi.org](http://bicsi.org)

**PAYMENT SECTION**

Please submit front and back of this form for processing.

Please make all checks payable to BICSI in U.S. dollars, drawn from a U.S. bank. (Call BICSI's Accounting Department for instructions on wiring funds.) For your protection, BICSI does not accept emailed credit card numbers. If paying by credit card, please mail or fax your payment information instead.

+ Winter \$ _____	<input type="checkbox"/> Check or Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
+ Fall \$ _____	_____ Cardholder name (as it appears on the credit card)		_____ Cardholder signature	
= Total \$ _____	_____ Credit card number	_____ Expiration date	_____ CVV	_____ Billing zip code (required)