



**25TH ANNIVERSARY
SILVER JUBILEE**

2018 ICPHSO ANNUAL MEETING & TRAINING SYMPOSIUM
FEBRUARY 20-23 | HYATT REGENCY GRAND CYPRESS HOTEL | ORLANDO, FLORIDA

SPONSOR ORDER FORM

(please print or type)

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

PHONE _____ EMAIL _____

ON-SITE CONTACT NAME _____

SPONSORSHIP PACKAGE	
<input type="checkbox"/> DIAMOND	\$15,000
<input type="checkbox"/> PLATINUM PLUS	\$12,000
<input type="checkbox"/> PLATINUM	\$10,000
<input type="checkbox"/> GOLD	\$6,000
<input type="checkbox"/> SILVER	\$3,500
<input type="checkbox"/> FRIEND	\$1,500
<input type="checkbox"/> SCHOLARSHIP <i>(\$250 minimum contribution)</i>	\$ _____

MARKETING OPPORTUNITIES	
<input type="checkbox"/> CONFERENCE BAG	\$12,500
<input type="checkbox"/> WI-FI	\$12,500
<input type="checkbox"/> LANYARD	\$7,500
<input type="checkbox"/> MOBILE APP	\$7,500
<input type="checkbox"/> LUGGAGE SPOTTER	\$7,500
<input type="checkbox"/> JOURNAL	\$7,500
<input type="checkbox"/> PADFOLIO	\$7,500
<input type="checkbox"/> CHARGING STATION	\$4,500
<input type="checkbox"/> HOTEL KEY	\$4,500
<input type="checkbox"/> PLENARY SESSION CHARGING TABLE	\$250
<input type="checkbox"/> 25 TH ANNIVERSARY GIFT	CONTACT US!

CONFERENCE PROGRAM BOOK ADVERTISING	
<input type="checkbox"/> FULL PAGE—BACK COVER	\$2,000
<input type="checkbox"/> FULL PAGE—INSIDE BACK COVER	\$1,200
<input type="checkbox"/> FULL PAGE—TEXT PAGE	\$1,000
<input type="checkbox"/> 1/2 PAGE	\$570
<input type="checkbox"/> 1/4 PAGE	\$500
<input type="checkbox"/> BUSINESS CARD	\$100

25 TH ANNIVERSARY SILVER JUBILEE OPPORTUNITIES	
<input type="checkbox"/> BAR/BEVERAGES	\$10,000
<input type="checkbox"/> COFFEE & DESSERTS	\$5,000
<input type="checkbox"/> BOWLING LANE PACKAGE <i>(each lane)</i>	\$2,500

TOTAL DUE \$ _____

RETURN FORM WITH PAYMENT TO:
MAIL: ICPHSO
 Attn: Heather Konya
 11130 Sunrise Valley Dr, Ste 350
 Reston, Virginia 20191
EMAIL: sponsor-exhibitor@icphso.org
EIN: 52-2048606 *(registered business name: International Consumer Product Health and Safety Organization, Inc.)*

PAYMENT INFORMATION

- Check Enclosed *(Please make checks payable in US dollars, drawn on a US Bank to: ICPHSO)*
- Credit Card (VISA AMEX MC)

NAME LISTED ON CREDIT CARD _____

CREDIT CARD NUMBER _____ EXP DATE _____ CID # _____

SIGNATURE _____