



2010 SIOP Partner Program Form

Please select promotional opportunities below and e-mail, fax, or mail to the SIOP Administrative Office. Once we have processed your payment, we will alert you to your Partner Program status and give you instructions on how to take advantage of any perks accrued.

Contact Name	
Company Name	
Address	
Phone	Fax
E-mail	
List the name of your organization exactly as you want it to appear on any promotional material.	
Company URL and a 25-word description of your organization (for the Partner Program Web page).	
Do you have any special needs or requests for your exhibit booth, if applicable? (Please note that electricity, T1 lines, and telephone lines must be arranged directly through the hotel.)	

Opportunity	Cost	Qty	Total
Plenary Session	\$10,000		
Hotel Room Key Card	\$10,000		
Conference Lanyards	\$8,000		
Conference Bag	\$6,000		
Conference Program Summary	\$6,000		
Leading Edge Reception	\$4,000		
Committee on Ethnic Minority Affairs Reception	\$4,000		
LGBT and Allies Reception	\$4,000		
International Affairs Reception	\$4,000		
Newcomers Reception	\$4,000		
Golf Tournament	\$3,500		
Cyber Café	\$2,750		
Exhibit Booth	\$2,000		
Community of Interest	\$2,000		
Fun Run	\$1,200		
Conference Bag Insert	\$1,000		
Coffee Break Station	\$750		
TOTAL from 1st Page			

See back for more opportunities.

TOTAL from 1st Page			
Conference Program Advertising			
2-Page Spread	\$506		
Full Page	\$304		
Half Page	\$256		
Quarter Page	\$202		
Reception	\$5,000		
Portfolio	\$3,500		
Flash Drive Sponsorship	\$3,000		
DVD	\$2,750		
Lanyards	\$2,000		
Wi-Fi Sponsorship	\$1,750		
Coffee Break	\$500		
Portfolio Insert	\$275		
TIP Advertising (1, 2, or 3 insertions)			
2-Page Spread <input type="checkbox"/> Separate <input type="checkbox"/> Spread	\$672		
Full Page	\$399		
Half Page	\$309		
TIP Advertising (4 insertions) <input type="checkbox"/> Standing Order			
2-Page <input type="checkbox"/> Separate <input type="checkbox"/> Spread	\$488		
Full Page	\$294		
Half Page	\$252		
Issues			
<input type="checkbox"/> January Year _____			
<input type="checkbox"/> April Year _____			
<input type="checkbox"/> July Year _____			
<input type="checkbox"/> October Year _____			
TOTAL			

Payment Type

Credit Card No.

Exp.

Check

Please invoice us.

Please return this form by fax, e-mail, or mail to

Sponsorship
 SIOP Administrative Office
 440 East Poe Road
 Suite 101
 Bowling Green, OH 43402

Fax (419) 352-2645

jbaker@siop.org

For more information, please call the SIOP Administrative Office at 419-353-0032.