



THE GRAND CHALLENGES OF POLITICAL CHANGE
 35th Annual Conference * Sheraton Atlanta, Atlanta, GA * March 14-18, 2018

EXHIBITOR & MARKETING APPLICATION

CONTACT INFORMATION

Organization (*this is the name that will appear in the print program)

Contact Name:	Contact Email:	Contact Phone/Fax:
Current address:		
City:	State:	ZIP Code:
List this person as an attendee: <input type="checkbox"/> Yes <input type="checkbox"/> No		

ADVERTISING OPTIONS

<input type="checkbox"/> \$500 Mobile App Advertisement	600x100 pixels		
<input type="checkbox"/> \$150 Bag Stuffers			
<input type="checkbox"/> \$800 Full Page Advertisement	7 1/2 x 10		
<input type="checkbox"/> \$1400 Inside Front/Back Cover	Full Page	<input type="checkbox"/> Inside Front	<input type="checkbox"/> Inside Back
<input type="checkbox"/> \$600 Half Page Advertisement	7 1/2 x 4 1/2 horizontal, 3 1/2 x 9 1/4 horizontal	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical

EXHIBITING, VENDING AND PACKAGE OPTIONS

<input type="checkbox"/> \$1100 10x10 Exhibit Booth
<input type="checkbox"/> \$350 Vendor Space: Businesses selling retail goods including Jewelry, clothing, fair trade items, etc)
<input type="checkbox"/> \$1850 Booth + Full Page Advertisement (\$50 savings)
<input type="checkbox"/> \$1685 Booth + Half Page Advertisement (\$25 savings)
Preferred Booth Location <small>(see floorplan on BPD website)</small> First Choice: _____ Second Choice: _____ Third Choice: _____

Organizational Description (50 words):

SPONSORSHIP ITEMS

<input type="checkbox"/> \$5000 Mobile App	<input type="checkbox"/> \$1600 Student Volunteer T-Shirts
<input type="checkbox"/> \$1500 Ink Pens	<input type="checkbox"/> \$100+ General Sponsorship Amount: \$_____
<input type="checkbox"/> \$6000 Tote Bags	<input type="checkbox"/> \$2000 Session or event Sponsorship <small>*Contact BPD for more info</small>
<input type="checkbox"/> \$1500 Lanyards *Sold*	<input type="checkbox"/> \$500 Wahlberg Health & Wellness Institute
<input type="checkbox"/> \$1700 Water Bottles	<input type="checkbox"/> Other _____

SIGNATURE & PAYMENT

Checks Payable to: BPD 1701 Duke Street, Suite 200 Alexandria, VA 22314	Fax Forms w/ Payment Info to: (703) 683-8493 Email for high resolution artwork and logos: conferences@bpdonline.org	Federal EIN: 55-0563314
Method: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express		Total Payments: \$_____
Account #: _____	Exp. Date: _____	Name on Card: _____
Email Address for Receipts: _____		
Your Signature reflects your agreement to the terms as established by BPD (see "Terms" on BPD Website)	Signature: _____	