

PACE 42nd Annual Education Conference

October 14-16, 2011

Gain valuable visibility, establish better partnerships with leaders in the early care and education field, network with attendees, and access the registration mailing list for sales follow-up.



Questions or comments? Call 1(800) 924-2460

Please return to: PACE 300 Montgomery Ste 200
San Francisco, CA 94104

E-mail info@pacenet.org **FAX** (415) 397-7223

Sponsorship Information

Name _____

Company Name _____

Address _____

City _____

State _____ Zip Code _____

Are you a PACE Member? Yes No **Sign me up!**

Phone _____ FAX _____

E-mail _____

Personnel Badge #1 _____

Personnel Badge #2 _____

Type of Product or Service _____

Join PACE Today and take advantage of future PACE events at member prices and the standard rate of \$200 for 12 months will be extended for 16 months. New members only.

Partner Opportunities

Gold Level **\$5,000**
Benefits:
Tabletop display visible throughout the conference w/ choice of location
Four conference registrations
One full page PACESETTER advertisement

Silver Level **\$4,000**
Benefits:
Tabletop display visible throughout the conference
Three conference registrations
One half page PACESETTER advertisement

Bronze Level **\$3,000**
Benefits:
Tabletop display visible throughout the conference
Two conference registrations
One quarter page PACESETTER advertisement

Sponsorship Opportunities

- Badge Holder and Lanyard** (limit 1) **\$1,000**
- Friday Afternoon Refreshments** (limit 1) **\$1,500**
- Friday Evening Refreshments** (limit 1) **\$1,500**
- Audio Visual Services** (limit 5) **\$800**
- Saturday General Meeting** (limit 1) **\$2,000**
- Morning Keynote Speaker** (limit 2) **\$1,500***
- Educator of the Year Luncheon** (limit 3) **\$2,000***
- Afternoon Keynote Speaker** (limit 2) **\$1,500***
- Dessert in the Exhibit Hall** (limit 2) **\$1,500**
- Evening Reception** (limit 2) **\$2,000***
- Private President's Reception** (limit 1) **\$2,500**
- Coffee & Muffins** (limit 1) **\$1,000**

* All bids may be purchased for an exclusive sponsorship listing

Payment Information

Total Amount Due (add membership if applicable) _____

- Check** (Please make checks payable to PACE)
- Credit Card** Visa Mastercard AMEX

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____

Billing Address _____

City _____ State _____ Zip Code _____

I verify that the facts contained in this Sponsorship Application Form are true and correct to the best of my knowledge.

I understand that there are no refunds for cancellation, and that PACE shall have sole control over admission policies at all times.

I hereby agree to the terms and conditions of this contract.

Signature _____ Date _____

Print Name _____

OFFICE USE ONLY	Date Received _____	Initials _____	
	Date Confirmed _____	Initials _____	