



2018 Tourism Symposium Sponsorship and Exhibit Opportunities

All sponsors will receive a **complimentary** exhibit table, your logo on our website, the ability to send in marketing video clip to play at and after the symposium, and promotional signage at your sponsored session. If you would like to participate as a sponsor or would like an exhibit table for the 2018 Tourism Symposium, please check your sponsorship selection, along with your timing option.

SPONSORSHIP TYPE	BENEFITS	INVESTMENT COST
SYMPOSIUM SOLD OUT	10 minutes to speak to the fully assembled group	\$5,000
<input type="checkbox"/> GENERAL SESSIONS (3) AVAILABLE	2 minutes to speak before your sponsored session	\$1,500
<input type="checkbox"/> BREAKOUT SESSIONS (6) AVAILABLE	Speaker and self introduction	\$500
<input type="checkbox"/> VIRGO LUNCH	4 minutes to speak before luncheon	\$2,000
<input type="checkbox"/> RECEPTION SPONSOR (1) AVAILABLE	4 minutes welcome at a reception	\$2,000
<input type="checkbox"/> BREAKFAST SPONSOR SOLD OUT	Signage at event. Food located near exhibit table.	\$500
<input type="checkbox"/> BREAK SPONSOR SOLD OUT	Food will be placed near the exhibit table. <i>Exhibit table must be purchased in addition to this sponsorship.</i>	\$250

Exhibit Table

There will be five food events during the symposium, which will be located in the exhibit area (2 receptions, 2 breakfasts and 1 break). Exhibit tables are 6 ft. but may be replaced with exhibitor's own materials not to exceed 8' x 4'. Pipe and drape cannot be used because of the location.

One event registration is included with the purchase of an exhibit table.

	BENEFITS	INVESTMENT COST
<input type="checkbox"/> EXHIBIT TABLE	Allied Member exhibitors have 30 seconds to say hello at a session and may place material at meal seats.	\$550 (Member) \$1,150 (Non-Member)

Registration Form next page

Company Information

Organization _____

Contact _____

Contact Email _____

Name(s) for Registration _____

Company Billing Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax _____

Payment Information

Make Checks payable to **VACVB** Check Number _____

Credit Card Information Visa Master Card

Name on Credit Card _____

Billing Address (If different from above) _____

City _____ State _____ Zip _____

Billing Phone Number _____

Card # _____

Expiration Date _____ Security Code _____

Signature _____ Date _____

Confirm Amount from Selections Above to be charged \$ _____

Please fax or mail back to:
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Attn: Tourism Symposium
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Fax: (202) 962-3939 Phone: (540) 904-4710 Email: info@vadmo.org