

Sponsorship | \$3,000 Non-profit Level

- *2 tickets to the Invent Penn State Conference (*includes exhibit table staff*)
- Full-page, color ad in Invent Penn State 2019 Conference Book
- Display ad and link on Invent Penn State Website
- Company name listed on invitation (*based on time of commitment*)
- Company logo prominently displayed at the conference
- Prominent booth space in Exhibitor Showcase (*may not be transferred to a third party*)
- Opportunity to put 1 to 2 promotional item(s) in Attendee gift bags
- Sponsor ribbons on name badges

* *Must be associates from sponsoring organization*

Invent Penn State Sponsorship Commitment Form

*Organization: _____

Primary Contact Person: _____ Title: _____

Phone No.: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Marketing Contact Person: _____

Phone No.: _____ Email: _____

Address:
If different from above _____

City: _____ State: _____ Zip: _____

Administrative Contact Person (attendees, shipping, materials): _____

Phone No.: _____ Email: _____

Billing Contact Person: _____

Phone No.: _____ Email: _____

Address:
If different from above _____

City: _____ State: _____ Zip: _____

Referred by: _____

** Please print or type information exactly as you would like it to appear in all published materials.*

By signing below, you acknowledge and accept the provision of the event attendee list with the understanding that it cannot be used to promote events that conflict or overlap with any element of the posted schedule of the 2019 Invent Penn State Venture & IP Conference on October 3rd (likely 11:00 am to 7:30 pm) through the end time of the conference on October 4th (likely at 3:45 pm). Sponsors found in violation of this agreement voluntarily forfeit all of the remainder of the sponsor benefits that were to be provided to them.

Yes, I want to partner with the Invent Penn State Venture & IP Conference at the \$3,000 Sponsorship level

BILLING OPTIONS: Check enclosed (Payable to **Tikes Inc. - PSVIP**) Bill me now for full payment

Bill me in full, in: _____ (Month/Year) Bill me as such: _____

CREDIT CARD: American Express MasterCard Visa

Name as it appears on credit card: _____

Card Number: _____ **Exp. Date:** _____ **Security Code:** _____

Billing Address: _____

Authorized Signature: _____ **Date:** _____

Please return completed form to: Kelly via email or mail to the address below.