



**2024 AUTM
REGION MEETINGS
SPONSORSHIP
PROSPECTUS**

autm.net/events

2024 AUTM REGIONAL MEETINGS

Canadian: April 30–May 2 | Toronto, ON,

Eastern: September 11–12 | Pittsburgh, PA

Central: July 15–17 | Louisville, KY

Western: September 24–25 | Phoenix, AZ

SPONSORSHIP OPPORTUNITIES

BENEFITS	Platinum \$10,000	Gold \$5,000	Bronze \$3,000	Contributing \$1,750
Complimentary registrations	Four	Three	Two	One
Prominent display of your firm's logo on signage at the meeting and the event website	•	•	•	•
Company feature in an email sent to registrants before the Meeting begins	•	•	•	Logo
LinkedIn post on AUTM's account during the Meeting week recognizing your support	•	•		
Final registration list in digital format (excludes email addresses, per AUTM policy)	•	•	•	•
Acknowledgment of your firm at selected event	Plenary Session or Welcome Reception	Lunch Break	Networking Break	
Exhibit table in an area maximized for interaction with attendees	•	•	•	
One message sent to attendees through AUTM Connect recognizing your support	•			
Verbal recognition during the opening remarks	•			

QUESTIONS? DON'T SEE WHAT YOU'RE LOOKING FOR?



Contact: Casey Annunziata, AUTM Business Development Manager

cannunziata@autm.net or +1-202-960-1782

SPONSORSHIP APPLICATION

Deliverables

- Send a high-resolution version of your logo in an .eps or .ai format
- Send a brief company description (50 words or less)

Application and Payment

Email completed form to cannunziata@autm.net along with a copy of your logo. Sponsorship fees are due upon application acceptance. Invoices can be created at the sponsor's request.

- **AUTM's Taxpayer/ID number is 36-3011951**
- If paying by credit card, include details on this form as indicated below.
- If paying by check, please email the completed form to cannunziata@autm.net and then mail payment with a copy of the application to: AUTM PO Box 7151 Carol Stream, IL 60197-7151

SPONSORSHIP SELECTION

Platinum Sponsor: \$10,000

Bronze Sponsor: \$3,000

Region: _____

Gold Sponsor: \$5,000

Contributing: \$1,750

CONTACT INFORMATION

Name/Title

Company

Address

City

State/Province

Country

ZIP/Postal Code

Phone

Email

Website Address

PAYMENT INFORMATION

Check Enclosed (All fees must be paid in U.S. funds.)

Credit Card:

VISA

MasterCard

American Express

Discover

Amount Total: \$ _____

Card Number

Expiration Date

Authorized Signature

Date

Print name as it appears on credit card

Billing address if different from contact address