

2024 AUTM
REGION MEETINGS
SPONSORSHIP
PROSPECTUS

autm.net/events

2024 AUTM REGIONAL MEETINGS

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

Central: July 15–17 I Louisville, KY

Eastern: September 11–12 I Pittsburgh, PA

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 YOUR 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 SELE	CTION				
☐ Platinum Sponsor: \$10,000 ☐ Bronze Spon		\$3,000			
☐ Gold Sponsor: \$5,000	Contributing: \$1	750			
CONTACT INFORMA	TION	PAYMENT INFORMATION			
		☐ Check Enclosed (A	All fees must be paid in U.S. funds.)		
Name/Title		Credit Credit:			
Company		□VISA	☐ MasterCard		
company		☐ American Express	Discover		
Address		Amount Total: \$			
City	State/Province				
		Card Number	Expiration Date		
Country	ZIP/Postal Code				
		Authorized Signature	e Date		
Phone					
Email		Print name as it appe	Print name as it appears on credit card		
Website Address		Billing address if diffe	Billing address if different from contact address		