

EBA 2017 Marketing Request Form



Mail to: Energy Bar Association, 2000 M St, NW, Suite 715, Washington, DC 20036, fax (202) 833-5596, phone (202) 223-5625

CONTACT INFORMATION:

First Name	Last Name	M.I.
Firm/Company/Agency (as you would like printed)		
Address		
City	State	Zip Code
Phone	Email Address	

ADVERTISING/SPONSORSHIPS

	2017 Annual Meeting	2017 Mid-Year Meeting
Table-Top Exhibitor (\$1,500)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Booth Representative Name:</i> _____		
Seat-Drop Sponsor (\$2,100)	<input type="checkbox"/>	<input type="checkbox"/>
Reception Sponsor (\$4,500)	<input type="checkbox"/>	<input type="checkbox"/>
Journal Sponsor (\$3,000)	<input type="checkbox"/>	<input type="checkbox"/>
Luncheon Sponsor (\$2,000)	<input type="checkbox"/>	<input type="checkbox"/>
Wi-Fi Sponsor (\$3,000)	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Device Charging Station (\$2,200)	<input type="checkbox"/>	<input type="checkbox"/>
Conference Guide Advertiser		
Full-page Ad (\$800)	<input type="checkbox"/>	<input type="checkbox"/>
Half-page Ad (\$500)	<input type="checkbox"/>	<input type="checkbox"/>

	Select: 2017 Annual Meeting	2017 Mid-Year Meeting
Coffee Break Sponsor (\$1,800)	<input type="checkbox"/>	<input type="checkbox"/>
Supporting Sponsor (\$1,000)	<input type="checkbox"/>	<input type="checkbox"/>
Create your own sponsorship	<input type="checkbox"/>	<input type="checkbox"/>
<i>Describe your idea:</i>		

Conference /Ad/Sponsorships Total (USD)* : \$		

EBA Update Quarterly Newsletter

Q1 Q2 Q3 Q4

EBA Membership Directory

EBA Insights Weekly e-Newsletter and Website: Please contact Multiview directly: Geoffrey Forneret (469) 420-2629

Half-Page Ad (\$500)

Quarter-Page Ad (\$300)

Full-Page Ad (\$950)

Send your logo

Send your website link

Advertising Total (USD): \$

PAYMENT: (TAX ID: 52-6054231)

- Check enclosed (payable to the EBA)
- Government Purchase Order Enclosed
- Credit Card VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Cardholder Name: _____

Signature: _____

Card #: _____

Exp. Date: _____ / _____ CSC # _____

Total to be charged/enclosed (USD)* : \$

EBA USE ONLY

Check Name: _____

Check or Auth. Num.: _____

Check Date: _____

Charge Date: _____

Amount: _____

Application Received: _____

Approved: _____