

# Onsite Sponsorship - Handouts

**DEADLINE:**  
**January 14, 2019**

## **Registration Desk - Buyer Handout - \$750**

### **2000 Postcards**

(produced and provided by sponsoring company)  
to be handed out to each buyer upon badge pick up.



## **Hostess Handout - \$3,000**

A beautiful model wearing your branded garments  
each day of the show handing out your company  
materials to buyers by main entrance of show.  
(Production and shipping of handouts not included)



# ONSITE SPONSORSHIP INSERTION ORDER | HOSPITALITY KEY BUYER FOCUS | HANDOUTS | DIGITAL | CONFERENCE

## HOSPITALITY:

- Breakfast Sponsorship \$1500
- Lunch Sponsorship \$3500
- Water Coolers \$2000
- Sanitizer Stations \$1500
- Dining Salon Sponsorship
  - Lambada Dining Salon \$3000
  - Conga Dining Salon \$3000
  - Tango Dining Salon \$3000
  - Brasilia Stage \$3000
- Wine & Cheese Reception \$2500
- Fashion Show
  - Platinum Package \$5000
  - Gold Package \$2500
  - Silver Package \$1000
  - Accessories per look
  - Live Mannequins \$750 per model, per day

## KEY BUYER:

- MATCH Program
  - Option 1 (10 meetings) \$1900
  - Option 2 \$250/meeting
  - Number of meetings:
- Key Buyer Exclusive \$5700
- Suggested Agenda \$500

## HANDOUTS:

- Registration Desk - Buyer Handout \$750
- Hostess Handout \$3000

Call **Jim Walker** for pricing - 678-370-0360

\$750 per model, per day

## CONFERENCE:

- Session Sponsorship \$350

### Return form and payments to:

**Fax:** 678.285.7469

**Email:** jwalker@urban-expo.com

**Mail:** Attention Jim Walker  
WWIN Show, 1690 Roberts Blvd NW,  
Suite 111, Kennesaw, GA 30144

RETURN THIS FORM with payment to Urban Expositions or provide credit card info below:

### Option to Pay by Credit Card:

GRAND TOTAL (Amount To Be Charged) \_\_\_\_\_  Visa  Mastercard  Discover  American Express

Expiration Date: \_\_\_\_\_ Name of Card Holder: \_\_\_\_\_ Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Exhibiting Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Web: \_\_\_\_\_

