

Promotional Package: New Exhibitors

CUSTOM-TAILORED TO FIRST-TIME EXHIBITORS, THIS PACKAGE MAKES THE MOST OF YOUR NEW SHOW EXPERIENCE.

For \$150 you'll receive:

- ✓ Inclusion in New Exhibitor listing on show website
- ✓ New Exhibitor call-out in official show directory
- ✓ Listed on at least two promotional emails to pre-registered attendees prior to show
(contingent on date signed up)
- ✓ Inclusion in a special New Exhibitor listing handed out to all buyers at check in at the registration desk
- ✓ Listing on New Exhibitor stand-alone sign at show entrance
- ✓ New Exhibitor floor sticker
- ✓ New Exhibitor ribbon on show badge



DIGITAL ADVERTISING INSERTION ORDER

REGISTRATION

EXCLUSIVE Registration Sponsorship \$3500

WEBSITE | DIGITAL

Welcome Ad \$3000

Website Banners

One Month \$375

Three Months \$1000

Show Daily Eblast Product Spotlight \$200

Company Spotlight Eblast \$500

Welcome Email \$3500

Category Sponsor \$3500

PROMOTIONAL PACKAGES

New Exhibitor Package \$150

Social Media Package \$750

January Post \$300

MOBILE APP

Splash Screen \$1500

Sponsor Info on the Landing Page \$1500

Buzz Notifications \$500

**Please select slot of choice on page 12*

DIRECTORY

Inside Covers (Full Color) \$2000

Full Color Page \$1500

Half Color Page \$800

Full Page B/W Ad (8x10) \$750

Half Page B/W Ad (5x8) \$400

Half Page B/W Ad (4x10) \$400

Qtr. Page B/W Ad \$250

Return form and payments to:

Fax: 678.285.7469

Email:

lauren.moras@clarionevents.com

Mail: Attention Lauren Moras

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:

****Sponsorships must be paid in full before publishing.****

****All Artwork must be approved by show management.****

Exhibiting Company Name: _____ Contact Name: _____

Billing Address: _____ City _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Web: _____

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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: _____

