

WORLD BREWING CONGRESS 2024

August 17-20, 2024 | Minneapolis, MN, U.S.A.

Sponsorship Reservation Form

SPONSORSHIP OPPORTUNITIES	Submit the following information to Bri			
Banner ad on meeting platform	\$3,000	\$	bplank@scisoc.org	
Banner ad in pre-conference email	\$3,000	\$	High resolution logo in full color .eps	
Beer at/near your booth	\$1,000	\$	300 dpi, 3×3 inches	
Beer passport stop	\$3,000	\$	Website URL that the logo will resolve	
Closing party	\$10,000	\$	 50-word company description 	
Coffee	\$3,000	\$		
Collaboration Conference Beer	\$10,000	\$	PAYMENT INFORMATION	
Company registration packages	\$ varies	\$	Invoice Me	
Daily email sponsor	\$3,000	\$	Send me bank wire transfer details	
Email blast	\$4,000	\$	Check enclosed (in U.S. funds and is pa	
Gift cards	\$ varies	\$	drawn only from a U.S. bank)	
Lanyards	\$7,000	\$	When you provide a check for payment, you use information from your check to make a	
Lunch	\$5,000	\$	fund transfer from your account or to proce	
Main stage	\$10,000	\$	check transaction. Funds may be withdrawn	
Pop-up treat at booth	\$ varies	\$	the same day we deposit payment and you your check back from your financial institut	
Registration confirmation email	\$5,000	\$	Charge my credit card (check one belo	
Showcase N/A beer at all networking events	\$10,000	\$	American Express Discover	
Sponsor your own session	\$6,500	\$		
Sponsor a WBC session	\$3,000	\$	Card Number	
Sustainable swag	\$ varies	\$	CAACCAA	
VIP attendee experience	\$ varies	\$	CVV Code(3 or 4 digits)	
Welcome party	\$10,000	\$	Expiration Date	
Wi-Fi password	\$3,000	\$	(Month / Ye	
Create your own sponsorship		\$	Name of Cardholder	
Sponsorship Packages				
VIP	\$25,000+	+ \$	PAYMENT TERMS	
Platinum	\$15,000	\$	Payment must be received to initiate spor due within 30 days of sponsorship reserva	
Gold	\$10,000	\$	are outlined in the sponsorship agreemer	
Bronze	\$5,000	\$	contact person. To pay by credit card, plea Plank with credit card information: +1.651	
٦	Γotal Due	\$		

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payable to ASBC,

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American Express	Discover	MasterCaru	VIS
Card Number			
CVV Code			
	(3 or 4 digit	s)	
Expiration Date			
·	(Month / \	Year)	
Name of Cardholder			

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COMPANY AND CONTACT INFORMATION

Company Name
Contact Name
Contact Email
Telephone
Address
City
State/Province/Country
Zip/Postal Code

PLEASE RETURN THIS FORM TO:

Brianna Plank 3285 Northwood Circle, Suite 100 St. Paul, MN 55121 bplank@scisoc.org or fax: +1.651.454.0766

> **QUESTIONS?** Brianna Plank Director, Business Development +1.651.994.3819 bplank@scisoc.org mbaa.com • asbcnet.org