

ACA SPONSORSHIP FORM

2009 WINTER CONFERENCE

Kissimmee, Florida • January 9-14, 2009

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E- Mail: _____

SPONSORSHIP OPPORTUNITIES:

Exclusive Sponsorship Opportunities:

<input type="checkbox"/> Exhibit Hall Reception/Open House	\$30,000
<input type="checkbox"/> Grand Prize	\$20,000
<input type="checkbox"/> Annual Luncheon Meal	\$30,000
<input type="checkbox"/> General Session Keynote Speaker	\$50,000

Co-sponsorship Opportunities:

<input type="checkbox"/> Exhibit Hall Reception/ Open House	\$5,000
<input type="checkbox"/> Specialty Break	\$5,000
<input type="checkbox"/> Grand Prize	\$5,000

Exclusive Sponsorship Opportunities:

<input type="checkbox"/> Tote Bags*	\$6,000
<input type="checkbox"/> Lanyards/Badgeholders*	\$6,000
<input type="checkbox"/> Cyber Cafe*	\$6,000
<input type="checkbox"/> Hotel Key Cards*	\$6,000

Exclusive Sponsorship Opportunities:

<input type="checkbox"/> Morning Coffee	\$5,000
<input type="checkbox"/> Water Stations/Daily*	\$2,500
<input type="checkbox"/> Pocket Guide-Meeting-at-a-Glance	\$4,000

Co-Sponsorship Opportunities:

<input type="checkbox"/> General Meeting Co-sponsorship	\$500 - \$2500
Amount: \$ _____	

HEALTH CARE PROFESSIONAL INTEREST SECTION (H-PIS) EVENTS:

<input type="checkbox"/> General Sponsorship	\$2,500-\$15,000
Amount: \$ _____	

*Sponsor responsible for all costs associated with sponsorship.

SPONSORSHIP

Agreement Amount: \$ _____

Authorized Signature: _____

Company Name: _____

Sponsorship Benefits:

*Signage at the Conference
 Ribbon w/badges
 Recognition in Program Book
 Recognition at the podium (meals only)
 Recognition in Promotional Materials
 Pre-registration list of attendees
 Recognition in CT Magazine*

Sponsorship deadline November 1, 2008



ADVERTISING FORM

2009 WINTER CONFERENCE

Kissimmee, Florida • January 9-14, 2009

PROGRAM BOOK (reservations due 11/14, artwork due 11/28)

Standard Space

___ Full Page, 4 Color ad	\$1,500
___ Half Page, 4 Color ad	\$ 750 (Horizontal only)
___ Full Page, B/W	\$1,000
___ Half Page, B/W	\$ 500 (Horizontal only)

Premium Space

___ Cover 2	\$2,000
___ Cover 3	\$2,000
___ Cover 4	\$3,000
Special Positions	20% Surcharge

Position Preferred: 1.) _____ 2.) _____ 3.) _____

Specs:

Full Page - 7"x10", bleed 8 5/8" x 11 3/16"

Half Page - 7" x 4 7/8", bleed 7 1/4" x 5 1/8"

CONFERENCE DAILY NEWSLETTER (reservations due 12/3, artwork due 12/17)

ACA distributes on-site newsletters at our conventions. Be the exclusive advertiser on the back of this conference newsletter that is distributed to more than 3,000 attendees.

Standard Space

___ Full Page, B/W (One Day)	\$1,000
___ Half Page, B/W (One Day)	\$ 500
___ Full Page, B/W (Three Days)	\$2,500
___ Half Page, B/W (Three Day)	\$1,250

PLEASE SEND FORM WITH PAYMENT TO:
American Correctional Association
Attention: Lissa Wood, Senior Sales Manager
206 N. Washington Street, Suite 200
Alexandria, VA 22314

Payment Options:

Check number: _____ Amount: _____

Credit Card: Visa MasterCard Discover American Express

Card # _____ Exp. Date _____ Security Code _____

Amount Charged: \$ _____ Signature *(Required)* _____

All orders must be prepaid.

