



# 2016 SSP Conference Sponsorship Order Form

October 26–28 • Sheraton Atlanta Hotel • Atlanta, Georgia, U.S.A.

**Sign Up Now to be a Sponsor**  
Reserve your sponsorship early. This will give you more selection choices and will maximize exposure for your company on SSP's conference website. Sponsorships will be reserved in the order of the date that they are received. Complete the form and return with your payment and logo. For recognition in the program book, orders and payment must be received by **September 1, 2016**.

### Company Information

Company Name \_\_\_\_\_  
Website \_\_\_\_\_

### Sponsorship Contact Information

Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Title \_\_\_\_\_  
E-mail \_\_\_\_\_  
Telephone \_\_\_\_\_  
Facsimile \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State or Province \_\_\_\_\_  
Country \_\_\_\_\_  
Zip/Postal Code \_\_\_\_\_

### Logo Submission

Please submit your logo online at [sensorysociety.org](http://sensorysociety.org). Logo must be vector eps, or high resolution tif or jpg image at 300 dpi, no less than 3" x 3" (76.2mm x 76.2mm)

See [sensorysociety.org](http://sensorysociety.org) for sponsorship opportunities, pricing, and benefits.

Before selecting sponsorship opportunity, please confirm availability with **Stella Salisu**, +1.224.360.7450 • [ssalisu@belle-aire.com](mailto:ssalisu@belle-aire.com) or **Lisa Beck**, +1.908.735.4850 • [lisa@insightfactoryllc.com](mailto:lisa@insightfactoryllc.com).

Sponsorship(s)	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
General Conference Sponsorship	\$ _____
Student Travel	\$ _____
<b>Total Sponsorship</b>	<b>\$ _____</b>

### Payment Information

Check enclosed, payable to SSP Conference  
*(When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.)*

Charge my credit card (check one):  
VISA    MasterCard    American Express    Discover

Card No. \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Security Code \_\_\_\_\_  
Signature \_\_\_\_\_  
Name on Card \_\_\_\_\_

**Send completed form and payment by September 1, 2016 to:**

**SSP Conference Sponsorship  
Attn: Rhonda Wilkie  
3340 Pilot Knob Road  
St. Paul, MN 55121 U.S.A.  
Telephone: +1.651.994.3820  
Facsimile: +1.651.454.0766**

[sensorysociety.org](http://sensorysociety.org)