

**Please complete and return immediately to confirm your sponsorship.**

CompanyContact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
MailingAddress: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Web Address: \_\_\_\_\_  
Total Cost of Sponsorship:  
\$ \_\_\_\_\_

Terms and conditions to follow. Contract requires signature.

**Please return this form to: Katie McEvoy, Direct Marketing Association, Inc.**  
1120 Avenue of the Americas • New York, NY 10036 • Fax: 212.302.7643  
\*Bronze Level benefits do not apply to these sponsorships.

### **Sponsorship Contract and Agreement**

#### **DMA • 08 Conference & Exhibition**

#### **Terms and Conditions**

Sponsor agrees to pay amount indicated on previous page for sponsorship, as determined by Show Management. Payment in full is due upon receipt of contract. DMA reserves the right to withdraw the sponsorship if payment is not received within 10 business days of receipt of the signed contract. Show Management must receive notice of cancellation in writing. No refunds will be made after receipt of payment. Acceptance of this application by the Direct Marketing Association constitutes a contract. By signing below, sponsor agrees to abide by contract terms and conditions as outlined above.

#### **IMPORTANT: A FULL PAYMENT MUST ACCOMPANY THIS SPONSORSHIP CONTRACT.**

Please make check payable to: **Direct Marketing Association, Inc.**  
Reference on check: **DMA08 Sponsorship**

#### **Payment**

Total Cost of Sponsorship: (from previous page):  
\$ \_\_\_\_\_  
Check #: \_\_\_\_\_  
Credit Card Type: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Signature of Card Holder: \_\_\_\_\_

Sponsorships for this event are assigned on a first-come, first-served basis. It is understood that sponsors are responsible for providing the Direct Marketing Association

with all company logos for use with any sponsorship, and that all company logos are subject to approval by show management. Please email all artwork to the address below.

I agree to abide by the above.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please keep a copy of this form for your records.

Submit your company logo via e-mail to **Katie McEvoy**, Sponsorship Liaison Specialist, at [kmcevoy@the-dma.org](mailto:kmcevoy@the-dma.org). Please include company logo materials with payment and registration. Format guidelines are as follows:

**Acceptable Software and file type:**

**A: Illustrator EPS CS2 or lower and JPG**(all fonts should be outlined; grayscale and color versions of the logo should be provided)

**B: High resolution Photoshop CS2 or lower, EPS, or Tiff 300dpi and JPG**(grayscale and color versions of the logo should be provided)

• Please include the following information in your e-mail:

- Conference Title
- Sponsored Item
- Your Company's Name
- File Format (example: EPS, JPG, or TIF)
- Contact Person and Phone Number

# Sponsorship Complimentary Registration

## DMA .08

Conference & Exhibition

Company Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

Company Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

\*Your sponsorship level "benefits" list how many complimentary registrations you will receive. Once this form is filled out, your complimentary registrants are fully registered. For questions regarding sponsorship fulfillment, please contact **Katie McEvoy**, Sponsorship and Sales Manager at [kmcevoy@the-dma.org](mailto:kmcevoy@the-dma.org) or call 212.768.7277, ext. 1685.