



Contact Information (please print)

Mr. Mrs. Ms. Dr.

 Contact Person

 Company Name

 Address

 City State Zip

 Phone

 Fax

 E-mail

 Authorized Signature

Sponsorship Opportunities

- General Session Lunch on Monday \$10,000
- General Session Lunch on Tuesday \$7,500
- Seated Massage Station \$8,000
- Tote Bags \$8,000
- Internet Stations \$8,000
- Exhibit Hall Reception on Monday \$6,000
- Exhibit Hall Reception on Sunday \$4,000
- Refreshment Break Monday \$6,000
- Folios \$6,000
- Conference Presentations CD \$6,000
- CEI to Go \$6,000 **SOLD**
- Continental Breakfast on Monday \$5,000
- Continental Breakfast on Tuesday \$5,000
- Notepads \$5,000
- Water Bottles \$5,000
- Hotel Key Cards \$5,000
- Badge Holder Lanyards \$5,000
- Calculators \$4,500
- Volunteer Project \$4,500
- Refreshment Break Tuesday \$4,000
- Session Room Signage \$4,000

Cost \$ _____

Advertisements

- Conference Brochure
 _____ (see rate sheet, page 5) Cost \$ _____
- Program at a Glance
 _____ (see rate sheet, page 5) Cost \$ _____
- Attendee Tote Bag Insert
 (\$1,500) Cost \$ _____

TOTAL \$ _____

Booth Rental

- 10' x 10' booth _____ @ \$1,995 \$ _____
- Corner premium booth _____ @ \$2,195 \$ _____
- 20' x 20' booth _____ @ \$7,980 \$ _____
- Add'l exhibit staff badges* _____ @ \$350 \$ _____
 (allows access to exhibit hall only)

*You will be asked to provide the names and contact information of exhibit staff for the staff badges and registration using forms that will be included in your exhibitor kit.

Booth choice (see floor plan for location numbers):

1st choice: _____ 2nd choice: _____ 3rd choice: _____

4th choice: _____ 5th choice: _____ 6th choice: _____

Please list any companies you would rather not be near (refer to the list of previous exhibitors on page 3 of this brochure, or visit www.complianceethicsinstitute.org for an ongoing list):

Billing Information

Total Amount \$ _____

- Check enclosed (payable to SCCE)
 - I authorize SCCE to charge my credit card (choose below)
- Credit card: AmericanExpress Diners Club MasterCard Visa

 Credit Card Account Number

 Credit Card Expiration Date

 Cardholder's Name

 Cardholder's Signature

50% deposit is required for all booth rentals. Balance must be paid in full by September 10, 2012. Cancellation fee for exhibit space is \$1,000 if cancelled before September 10, 2012. No refunds will be made after this date. Exhibitor fees are non-refundable.

Please initial and date here that you have read and understand the Cancellation and Refund Policy _____ / _____
INITIALS DATE

Make check payable to:

Society of Corporate Compliance and Ethics

Please return completed form with payment and company description:

ATTN: Lizza Catalano
 Society of Corporate Compliance and Ethics
 6500 Barrie Road, Suite 250, Minneapolis, MN 55435, United States
 +1 952 933 4977 or 888 277 4977 | Fax: +1 952 988 0146

Code: CEI11 Tax ID Number 23-2882664

E-mail your 75-word company description to Lizza Catalano at lizza.catalano@corporatecompliance.org