

# SCZI Sponsorship/Exhibitor Agreement

## Organization Information

Organization information will be used for a listing in the SCZI program.

Organization Name: \_\_\_\_\_

Exhibit Contact Name (First, MI, Last): \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

## Exhibit Selection

- 1 Standard (6') Exhibit Table in General Session Room \$3,200
- 1 Standard (6') Exhibit Table in Poster Hall \$3,200
- 2 Standard (6') Exhibit Tables \$5,500 in both the General Session Room & Poster Hall

## Sponsorship Package Selection

- Opening Reception \$1,750
- Poster Receptions \$2,000
- Closing Reception \$3,500

## Ala-Carte Item Selection

- |   |  |
|---|--|
| <input type="checkbox"/> Sponsor Refreshment Breaks \$1,500 | <input type="checkbox"/> Supporter Spotlight Broadcast Email \$500 |
| <input type="checkbox"/> Sponsor a Keynote Speaker \$3,000  | <input type="checkbox"/> Push Notification \$1,000                 |
| <input type="checkbox"/> Standalone Broadcast Email \$1,000 | <input type="checkbox"/> Poster Prizes \$ _____                    |

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## Payment Information

Full payment and completed application are due by **December 1, 2023**. Please retain a copy for your records.

Sponsorship: \$ \_\_\_\_\_

Exhibit: \$ \_\_\_\_\_

Ala-Carte Items: \$ \_\_\_\_\_

**Total Payment:** \$ \_\_\_\_\_

## Payment Option

**Check Enclosed**

Please make checks payable to the International Zebrafish Society (IZFS) and must be drawn from a US bank.

**Visa**    **Mastercard**    **Discover**    **AMEX**

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Wire Transfer**

Contact the IZFS Office for more information

## Agreement

To accept the terms of the sponsorship agreement, please sign your signature and date below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print a copy of this application for your records. **This is your invoice and contract. No additional paperwork will be issued.**

### IZFS Executive Office

555 East Wells Street, Suite 1100

Milwaukee, WI 53202

Phone: + 1 414 918-9835

Fax: + 1 414 276-3349

Email: [info@izfs.org](mailto:info@izfs.org)

Website: [www.izfs.org](http://www.izfs.org)

IZFS is a 501 c (3) not-for-profit organization