## **Sponsorship Commitment Form**

Contact Name:	Title:				
Company / Organization:					
Street Address:	City:	State:	Zip:	Country:	
Phone:	Email:				

Early bird pricing is valid until December 6, 2019.

## **Sponsorship Selection:**

Annual Meeting Sponsor:	Platinum Gold Silver Bronze		🗆 Bill Us				
Premier Reception Sponsor:	Courtyard Gala Reception  Friday Night Reception						
Featured Event Sponsor:	<ul> <li>Closing Plenary &amp; Luncheon</li> <li>Patron &amp; Major Donor Reception</li> <li>L Reception</li> <li>Grotius Reception</li> <li>Colleague Society Breakfast &amp; Interest Group Co-Chairs Breakfast</li> <li>Manley O. Hudson Award Luncheon</li> <li>Women in International Law Luncheon</li> </ul>		🗆 Bill Us				
Exclusive Branding Sponsor:	nsor: 🗆 Exhibit Area 🔹 Technology 🔹 Refreshment Station 🔹 Tote Bag						
General Sponsor:	Column Wraps Escalator Median Wall Above Elevator Doors						
Annual Meeting Exhibitor:	eeting Exhibitor: 🗆 Deluxe 🗆 Large 🗆 Medium 🗆 Standard						
Payment for Track/Session sponsorship and Program Book Ads below must be submitted with this form:							
Program Track / Session Sponsor:	□ Three-Track Sponsor □ One-Track Sponsor □ Session Sponsor	Paymen	t Enclosed				
Program Book Ads:	□ Full-Page Color □ Half-Page Color □ Full-Page B&W □ Half-Page B&W	Paymen	t Enclosed				

\*All sponsorship must be paid in full by February 25, 2020.

## **Payment Method:**

**Check:** Please make check payable to The American Society of International Law. The check must be drawn on a US bank in US funds. Please mail to ASIL, PO Box 79516, Baltimore, MD 21279-0516.

Total amount to charge: \$					
Credit Card (Check one): UISA		American Express			
Card Number:	Expiration: Name on Card: Signature:			ture:	
The credit card listed above will be cl	harged prior to the even	t.			
Check if billing address is the sa	me as mailing address.				
Company / Organization:					
Street Address:	City:	State:	Zip:	Country:	
Signature and Acceptance of Term	s:				
All applications must be signed in ord	der to confirm reservatio	ns. No changes may be made to	this contract.		
Name:	Signa	ture:		Date:	

Please return completed application to Jack Karako: jkarako@asil.org or fax to (202) 797-7133.