



2013 SPONSORSHIP APPLICATION

Name of Exhibitor: _____

Coordinator Contact Name: _____

Title: _____ Phone: _____ Email: _____

Authorizing Contact Name: _____

Title: _____ Phone: _____ Email: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Web Site URL: _____

Sponsor/Exhibitor Package Selection:

View the Floor Plan on page 3 to choose your top booth locations.

- Platinum:** \$20,000 (\$17,000 before October 1, 2012)
Booth
Choice #1: _____ #2: _____ #3: _____
- Gold:** \$13,500 (\$11,475 before October 1, 2012)
Booth
Choice #1: _____ #2: _____ #3: _____
- Silver:** \$8,400 (\$7,140 before October 1, 2012)
Booth
Choice #1: _____ #2: _____ #3: _____

Other Sponsorship Opportunities:

- Lunch Sponsorship \$3,000
- Keynote & General Session Sponsorship \$12,000

Are you interested in a Lead Retrieval Unit?

If so, TELADATA will provide you with options closer to the conference date:

- Yes - I am interested in purchasing a Lead Retrieval Unit to scan attendees.
- No - I am not interested in a Lead Retrieval Unit.



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Sponsorship Payment Terms and Cancellation Policy:

A non-refundable deposit of \$1,000 must accompany this signed application to secure sponsorship. Booth priority will not be considered until the deposit has been received by **TELADATA**.

If **paying by check (preferred)**, 50% of the balance due 30 days following agreement. Balance of charges due January 30, 2013, one week before conference date. *Contact TELADATA representative if customized terms are required.*

If **paying by credit card**, full balance due 30 days after agreement. *Note that a 2% processing fee will be applied to each credit card transaction.*

Cancellation Policy:

*Full refund (less deposit) with written notice prior to 12/7/12.
50% refund for cancellations between 12/7/12 – 1/4/13.
No refunds will be made for cancellations after 1/4/13.*

Total Contracted Amount: \$_____

I prefer to pay by check.
Please make your checks payable to TELADATA LLC.

I prefer to pay by credit card for: deposit only or full sponsorship dues.
 Visa MasterCard American Express

Cardholder's Name: _____

Credit Card#: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Card Holder's Signature: _____

By signing above, I agree to the 2% processing fee and authorize **TELADATA** to charge my credit card for the deposit upon receipt of this contract. If paying by credit card for full sponsorship dues, I authorize **TELADATA** to charge me 30 days following this agreement for the remainder of the dues.

Submit Completed 2-Page Agreement to Ashley DuBois by:

1) **Mail**
TELADATA LLC
ATTN: Ashley DuBois
44061 Old Warm Springs Blvd
Fremont, CA 94538

2) **Fax**
1-510-979-1886
ATTN: Ashley DuBois

3) **Email**
adubois@teladata.com

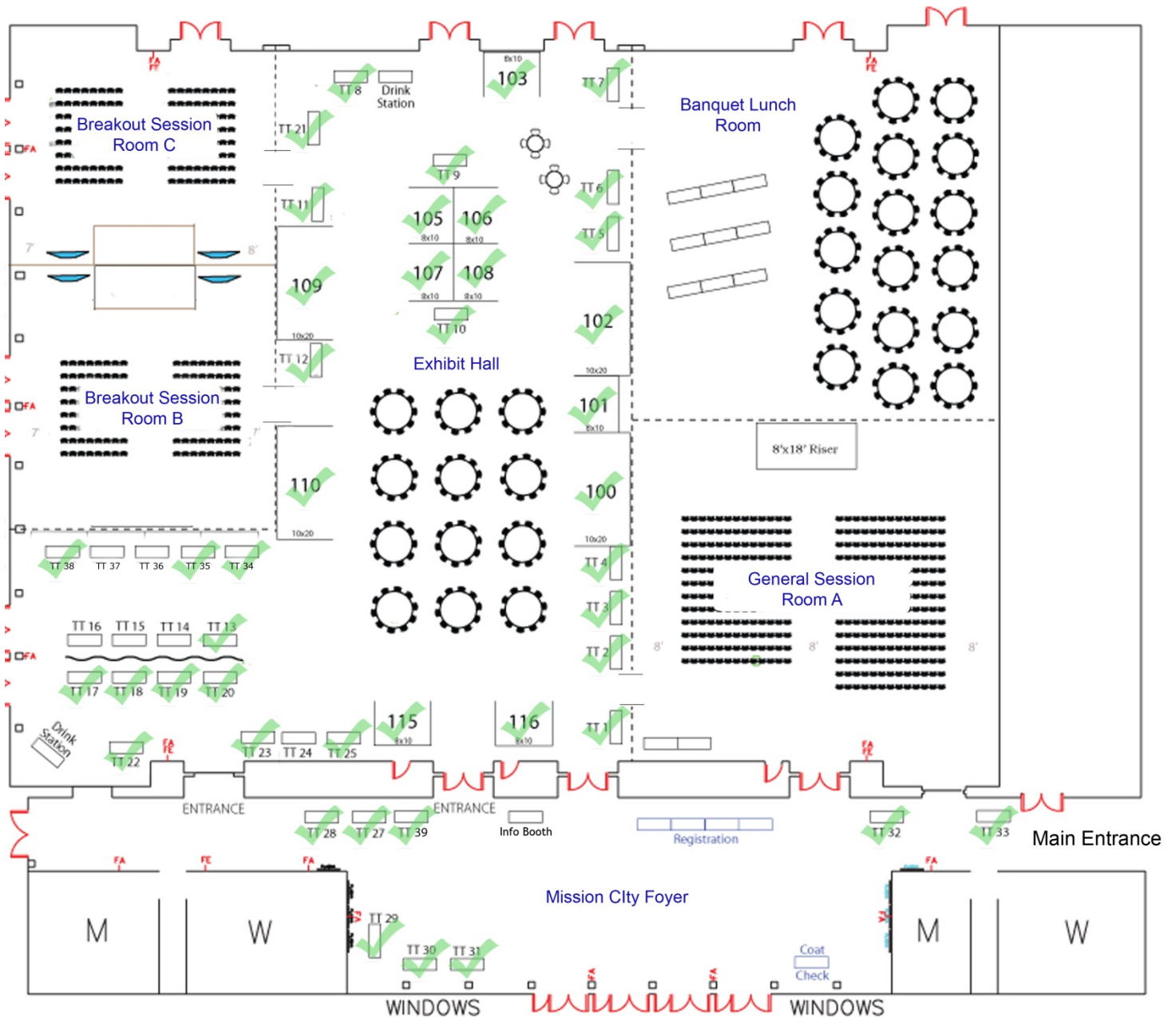
Authorized Sponsor Signature: _____ **Date:** _____

Authorized TELADATA Signature: _____ **Date Approved:** _____



2013 Exhibit Hall Floor Plan

Mission City Ballroom
Santa Clara Convention Center



Platinum and Gold Booths: 100-116
Silver Tabletops: TT1 – TT33

 = Location Sold/Occupied