

IIABSC PALMETTO PARTNERS PROGRAM 2024 PLEDGE FORM



Pledge form due by December 30, 2023 • Payment due no later than January 30, 2024

ORGANIZATION NAME: _____
(Print EXACTLY as it should appear on signage/materials)

We want to be a Palmetto Partner at the selected level:

- Diamond Elite** \$14,000
 Diamond \$12,500
 Platinum \$10,500
 Gold \$8,500
 Silver \$5,500
 Bronze \$3,500

CIRCLE YOUR CHOSEN UPGRADES:

	Platinum	Gold	Silver	Bronze
Upgrade ad space in SPRING CONFERENCE event program	1/4 page \$450	bus. card \$300	n/a	n/a
Upgrade ad space in ANNUAL CONVENTION event program	Full Page \$200	1/2 Page \$200	1/4 \$200	1/4 \$200

TOTALS

	Platinum	Gold	Silver	Bronze
ENTER THE SUM of all Upgrade items <i>(chosen for your level):</i>	\$ _____	\$ _____	\$ _____	\$ _____

ENTER OVERALL TOTAL AMOUNT DUE
(Level + Upgrades total): \$ _____

Payment Submitted: Check enclosed MasterCard Visa AMEX

Card #: _____

Exp. Date _____ CVV code: _____

If paying by credit card, pick a processing date: Before Dec. 30 After Jan. 1

Signature: _____

Name on Card: _____

Billing Address: _____

Submit complete form & payment to:

Megan Huebner
IIABSC
800 Gracern Rd
Columbia, SC 29210
mhuebner@iiabsc.com

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Contact information is very **IMPORTANT!**

The people listed as main contacts are the only ones who will receive Partner correspondence pertaining to event registration schedules, sponsorship, exhibit booth selection, etc. You must REGISTER to redeem majority of partner benefits.

ORGANIZATION NAME: _____
(Print EXACTLY as it should appear on signage/materials)

Mailing Address: _____
(City/State/Zip)

Street Address: _____
(City/State/Zip)

Website: _____

PALMETTO PARTNER MAIN CONTACT NAME: _____

Mailing Address: _____
(City/State/Zip)

Main Contact Email: _____ Main Contact Phone: _____

Additional PALMETTO PARTNER CONTACT NAME: _____

Mailing Address: _____
(City/State/Zip)

Contact Email: _____ Contact Phone: _____

Additional PALMETTO PARTNER CONTACT NAME: _____

Mailing Address: _____
(City/State/Zip)

Contact Email: _____ Contact Phone: _____

KEY DECISION MAKER NAME*: _____

Contact Email: _____

**For membership record-keeping purposes. If there are more than one, please attach names & email addresses separately*

We need your logo!

Please send a vector file to Anita Trevino
(atrevino@iiabsc.com) by January 30.

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