



# 2020

## *Virtual*

# SPONSORSHIP OPPORTUNITIES

You are invited to become a Virtual Fall Voice Conference Sponsor! This year's conference is designed VIRTUALLY to connect physicians, speech language pathologists and other voice professionals around the world with key content and conversation generated during Fall Voice. The following tools and platforms will be used to engage our audience with you, our sponsors:



 <b>SPONSOR OPPORTUNITIES</b>	DIAMOND	PLATINUM	GOLD	SILVER
	\$15,000	\$10,000	\$5,000	\$2,500

<b>Prior to Virtual Fall Voice Conference:</b>				
Digital Banner Ad on TFV Website	2 ads	1 ad	1 ad	N/A
Tweet from The Fall Voice Conference Account	2	1	N/A	N/A
Listing on The Fall Voice Website with link to your website	Large logo, sponsor page	Small logo, sponsor page	Name, Sponsor page	Name, sponsor page
Listing in Email Messages sent to 15,000 subscribers	Large logo	Small logo	Name	Name
<b>During Virtual Fall Voice Conference</b>				
Logo Recognition on Welcome Slides	3	2	1	N/A
Exhibitor Representatives – Comped Registration	5	4	3	2
Live Recognition by the Program Chairs	Yes	Yes	Yes	Yes
<b>Meeting APP</b> <i>The Fall Voice Meeting App will be used by attendees to view the agenda, receive important announcements during the webinar, view PDF's of speaker presentations, participate in polls and chat rooms and view sponsor information.</i>	<b>Logo Icon on home page</b> + company description + rep contacts + three (3) push notifications	<b>Logo Icon on sponsor page</b> + company description + rep contacts + two (2) push notifications	<b>Logo Icon on sponsor page</b> + company description + rep contacts + one (1) push notification	<b>Logo Icon on sponsor page</b> + company description + rep contacts
<b>Post-Conference Marketing</b>				
<b>E-Blasts sent to all Fall Voice subscribers</b> <i>Email Blast(s) to the Fall Voice database (15,000+ subscribers) with your content (i.e. advertising a future event, information about your company/product, blind survey etc.)</i>	2	1	N/A	N/A
<b>Support Add-On's (must purchase a level from above to add the following)</b>				
<b>15-min Friday Product Theatre – limited availability</b>	\$1500	\$1500	\$1500	N/A
<b>30-min Saturday Product Theatre - limited availability</b>	\$5000	\$5000	N/A	N/A
Happy Hour Sponsor (Friday 5-6pm EST)	\$3000	\$3000	\$3000	\$3000
Talent Show Sponsor (Saturday 7-7:30pm EST)	\$3000	\$3000	\$3000	\$3000

**THE FALL VOICE CONFERENCE  
OCTOBER 23-24, 2020 | VIRTUAL**

**CONTACT INFORMATION**

Company Name

Main Contact Name

Address

City

State

Zip Code

Email

Phone #

Fax #

Main Contact

Email (req.)

Names/Emails of Additional Reps for virtual access:

**PAYMENT INFORMATION**

☐ Check

☐ AMEX

☐ MC

☐ VISA

\*Make check payable to Laryngology Education Foundation, Inc.

Card Number

Exp. Date

CVV Code

Name as it appears on card

Billing Address

State

ZipCode

**SUBMIT COMPLETED FORMS & PAYMENT**

**Email:** [cathy@theassociationcompany.com](mailto:cathy@theassociationcompany.com)

**Mail:** Fall Voice | 6134 Poplar Bluff Cir., Ste 101 | Norcross, GA 30092

**Fax:** (305) 422-3327

**Register Online:** [www.fallvoice.org/conference\\_exhibitors](http://www.fallvoice.org/conference_exhibitors).

**SUBMISSION CHECKLIST**

☐ Registration Form

☐ Payment

# SPONSOR APPLICATION

**SELECT EXHIBIT LEVEL:**

- |                                   |                 |
|-----------------------------------|-----------------|
| <input type="checkbox"/> Diamond  | <b>\$15,000</b> |
| <input type="checkbox"/> Platinum | <b>\$10,000</b> |
| <input type="checkbox"/> Gold     | <b>\$5,000</b>  |
| <input type="checkbox"/> Silver   | <b>\$2,500</b>  |

**SELECT ADDITIONAL SUPPORT:**

*Please review the Support Add-On qualifications on the previous form before selecting your add-on.*

- |  |
|--|
| <input type="checkbox"/> 15 Minute Product Theatre/Friday - \$1500   |
| <input type="checkbox"/> 30 Minute Product Theatre/Saturday - \$5000 |
| <input type="checkbox"/> Happy Hour Sponsor - \$3000 Talent Show     |
| <input type="checkbox"/> Sponsor - \$3000                            |

**\*\*Please note: there is limited availability for the above product theaters.**

**Please contact  
[cathy@theassociationcompany.com](mailto:cathy@theassociationcompany.com)  
for availability\*\***

**REGISTRATION TOTAL:**

Exhibit Level Subtotal \$ \_\_\_\_\_

Add'l Support Subtotal \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**CONTACT INFORMATION**

Cathy Jones

Fall Voice Director of Marketing

/Corporate Support

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