



**Exhibitor SPONSORSHIP \$750 USD space is limited**

Exhibiting at this event offers unparalleled opportunities to connect **face-to-face with industry professionals**, showcase your **innovative products and services**, and increase your company's **visibility within the BICSI & Communications Technologies Forum community**. Make a lasting impression and position your brand as a key player in the industry.

Exhibitors can also **donate a door prize**, creating an extra touchpoint to engage attendees and leave a memorable impact.

**Exhibitor Benefits include:**

- **One 6-foot tabletop display and chair in/near meeting room**
- **What's New, What's It Do?** - 5-minute spotlight presentation to introduce your latest product/service
- **Company** featured on promotional marketing emails
- **One complimentary registration** for the individual staffing the exhibitor table
- **Thank you email with sponsor contact information sent to all attendees**
- **Opportunity to donate a door prize to further engage attendees**

**Location:** Moraine Valley Community College  
9000 W. College Way Palos Hills, IL 60465-2478

**Sample Agenda (5.0 CEC's for attendees)**

7:30 – 8:00 a.m.	Registration, Continental Breakfast and Exhibitor Networking
8:00 – 8:30 a.m.	Welcome, Introductions and BICSI Overview & CTF Overview
8:30 – 9:30 a.m.	Technical Presentation 1
9:30 – 10:30 p.m.	Technical Presentation 2
10:30 – 11:00 a.m.	“What’s New, What’s It Do?” Presentations
11:00 – 11:30 a.m.	Attendee Break and Exhibitor Networking
11:30 – 12:30 p.m.	Technical Presentation 3
12:30 – 1:30 p.m.	Lunch & Exhibitor Networking
1:30 – 2:30 p.m.	Technical Presentation 4
2:30 – 3:00 p.m.	Attendee Break and Exhibitor Networking
3:00 – 4:00 p.m.	Panel Discussion
4:00 – 4:30 p.m.	Q&A, Closing Remarks and Door Prizes

**For more details, please contact  
Courtney Best Nalls:  
Phone: +1 813-352-0660  
Email: [cnalls@bicsi.org](mailto:cnalls@bicsi.org)**

**Company Name:**

---

**REPRESENTATIVE STAFFING EXIBITOR TABLE** (Complimentary registration)

First Name	Last Name	Job Title
<hr/>		
Mobile Number	Email	

Would you like to donate a door prize to engage attendees?  Yes  No



WE AGREE UNCONDITIONALLY THAT THIS SPONSORSHIP CONTRACT CANNOT BE CANCELLED AT ANY TIME. WE ALSO AGREE UNCONDITIONALLY TO THE FOLLOWING BICSI/EA TERMS AND CONDITIONS:

- 1. Payment Terms: Full, non-refundable payment is due upon receipt of invoice and must be received before sponsor logo placement or promotion.
2. Right to Refuse Sponsor: BICSI/EA reserves the right, at its sole discretion, to reject sponsorship for any reason including questionable business practices, those having a mission conflict with BICSI/EA or those who desire to assume control of an event through sponsorship.
3. Disclaimer: The relationship between BICSI/EA and the sponsoring organizations/corporations of an event or an event-related item does not represent exclusive agreements between BICSI/EA and the specific organizations/corporations, nor does it suggest that BICSI/EA endorses the programs, products or services of the organizations/corporations.
4. Logo Submission: Logos must be received upon confirmation of sponsorship. Please email pnavarro@bicsi.org. Logos must be provided as a vector file (Illustrator or EPS) in CMYK AND black OR white version. In addition, an RGB PNG must be provided for our website.

I, the undersigned, as authorized agent of the above-named company, agree to adhere to the specified terms and conditions of this contract/application and to the BICSI ICT Forum Terms and Conditions as outlined below. I understand I am responsible for ensuring that all other company representatives do the same.

AUTHORIZED AGENT (please type or print clearly)

Form fields for contact information: First Name, Last Name, Job Title, Phone Number, Mobile Number, Email, Address, City, State/Province, Country, Zip/Postal Code.

PAYMENT: Check payable to BICSI or Credit Card - For your protection, BICSI does not accept emailed credit card numbers. If paying by credit card, please mail or fax your payment information instead.

- Payment method options: Visa, MasterCard, American Express, Discover.

Cardholder Name (as it appears on the credit card) and Cardholder Signature fields.

Credit Card Number, Expiration Date, CVV, and Card Billing Zip Code (required) fields.

Return Completed Form with Payment to BICSI:
Email: cnalls@bicsi.org | Phone: 813-352-0660 | Fax: 1-813-971-0286
Mail: BICSI, 8610 Hidden River Parkway, Tampa, FL 33637, United States