

2018-2019 SPONSORSHIP



2016 ASID Celebration of Design – Chez

www.il.asid.org



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Dear Partner:

I am thrilled to serve as the 2018-2019 ASID Illinois Chapter President. Our goal is to provide programming and events that are engaging, enhance our members, and relate to the ASID Strategic Plan.

Our outreach to our members and the community would not be possible without you. Your resources, volunteers, time, and money are paramount to our success. We do need your help!

Will you please consider supporting the Chapter through Sponsorship? My challenge to each of you is to not only commit to a package but to also to take the initiative to get involved. There are many opportunities to become engaged and interact with the design community. If you are a new member, I am looking forward to getting to know you and supporting your goals.

Please feel free to ask any questions or connect with me at President@il.asid.org or with Janel Hyland, the ASID Illinois Chapter Administrator at administrator@asid.il.org.

On behalf of the Illinois Chapter of ASID, Thank you for your consideration,

**John Cialone, ASID
ASID Illinois Chapter President 2018-2019**

SPONSORSHIP OPPORTUNITIES

	BENEFITS	PRESENTING \$10,000	PLATINUM \$5,000	GOLD \$2,500	SILVER \$1,500	FRIEND \$500
DIGITAL	Logo and Link on Website	X	X	X	X	X
	Logo on Printed Event Press/Emails	X	X	X	X	X
	ASID Illinois E-blast	3X	2X	1X	1X	
	Logo in ASID ILLINOIS IMPACT Magazine	X	X	X	X	
	Advertisement on ASID Illinois Website for 30 day period	X	X	X		
	Social Media Post/Campaign with Image, Link, and Hashtag	X	X	X		
	Sponsor Spotlight Feature in Social Media - "Thank you Thursday"	X	X	X		
PRINT	Listed in Yearly Sponsor Ad in ASID ILLINOIS IMPACT Magazine	X	X	X	X	X
	Logo on Printed Event Signage	X	X	X	X	X
	Logo on Peripheral Printed Event Materials	X	X	X	X	X
	Access to ASID IL Mailing List - Snail Mail	2X	1X	1X		
PRESENTATION	Presentation of Award(s) at an ASID IL Event	X	X	X	X	X
	Introduction of Speaker or ASID IL Board Member at ASID Event	X	X	X	X	
	Hosting Opportunity for ASID Board Meeting	X	X	X		
	Hosting Opportunity for an ASID IL Program, CEU, or Speed Networking	X	X	X		
	Speaking Opportunity at a Premier ASID Program as Presenting Sponsor	X				
	Table Top Opportunity at an ASID IL Event					X
PERKS	Holiday Party Tickets	8	6	4	2	
	VIP Tickets/Reserved Seating at COD	8	6	4	2	
	Tickets to ASID Illinois Spring/Summer Fundraiser	8	4	2		
	Advocacy Day Sponsor	X	X			
	Portfolio/Career Day/Student Contest/IMPRINT Sponsor	X	X			



COMMITMENT FORM

(PLEASE INCLUDE SPONSORSHIP LEVEL PAGE WITH COMMITMENT FORM)

Organization Name: _____
Contact Person: _____
Contact Person: _____
Contact E-mail: _____

BILLING

ADDRESS 1: _____
ADDRESS 2: _____
CITY/STATE/ZIP CODE: _____
WEBSITE: _____

PAYMENT

PAYMENT OPTION: FULL TWO PAYMENTS FOUR PAYMENTS SIX PAYMENTS

If you choose to pay Monthly/Bi Monthly or Quarterly your credit card will be required to be on file for the future payments. If a check isn't received by the date in the contract your card on file will be charged.

Type: VISA MC DISC AMEX CHECK (ENCLOSED)

NAME OF LEVEL: _____ LEVEL COST: _____
NAME ON CARD: _____ CARD NUMBER: _____
EXPIRATION DATE: _____ SECURITY CODE: _____ ZIP CODE: _____

PLEASE MAIL OR EMAIL COMPLETED FORMS AND PAYMENT TO:

JANEL HYLAND
ASID ILLINOIS CHAPTER
1647 MERCHANDISE MART
CHICAGO, IL 60654
P: 312-467-5080
E: ADMINISTRATOR@IL.ASID.ORG

As payments are made ASID IL will email a receipt for your payment. If your payment lapse at any time you will have a 30 day notice and be removed from all sponsorship promotions.

You agree to the terms and conditions set fourth by ASID Illinois

Signature: _____ Date: _____