

## SRCD Advertising Request Form

Designate below the name of the person in your organization who is to receive all relevant advertising materials and correspondence. Fields marked in red are required. This request form and full payment must be received by Monday, February 1, 2027.

Advertising Point of Contact:			
Advertising as (name to be listed onlin	e and in Mobile App):		
Billing Address:			
City:	State:	Zip code:	Country:
Email Address (Point of Contact):			
Advertising Website:			
	Advertising	Opportuniti	es
the meeting and its attendees. L	•		ring valued programming and services to t SRCD to propose alternatives.
You can choose more than one	advertising option.		
□ Rotating Banner Ad w/ Landi			
☐ Rotating Banner Ad - \$1,000	5 5 %		
□ Sponsored Message Alerts - \$250 (per message)			
☐ General Sessions Onscreen Displays and Announcements - \$150			
□ Other Opportunities - \$			
Please enter the total dollar am	· ·	you have selec	ted.
TOTAL: \$			
	nd an invoice which is	payable online v	ress. Upon receipt of sponsorship request vias the SRCD payment portal. For other tevents@srcd.org.

