

## American College of Coverage Counsel 2024 Annual Meeting May 8-10, 2024, Intercontinental Chicago Sponsorship Opportunities

The American College of Coverage Counsel has a limited number of sponsorships available for its Annual Meeting, which brings together a yearly average of 150 preeminent coverage and extracontractual counsel who represent the interests of both insurers and policyholders. Deadline for sponsors is Monday, February 29, 2024 at 5:00 pm ET.

## **Sponsorship Fee:** \$2,500 **Sponsor Benefits:**

- Logo and link on Annual Meeting web page
- Logo and link in Annual Meeting promotional emails
- Logo in Annual Meeting brochure (with commitment prior to January 1, 2024)
- Logo in Annual Meeting attendee materials (provided on ACCC website)
- Logo on signage at event
- 6-foot table at event for display/materials
- Registration for up to 2 event attendees (including sessions, receptions, and meal functions) Additional attendees may be registered at the conference guest rate.

## **Sponsor Add-Ons:**

- Wednesday, May 8, 2024 Reception Sponsor: \$2,500 (no longer available)
- Thursday, May 9, 2024 Reception Sponsor: \$2,500 (no longer available)
- Thursday, May 9, 2024 Dinner Sponsor: \$2,500 (no longer available)

| Company Name:   |                        |                            |
|---|------------------------|----------------------------|
| Contact Person:   |                        |                            |
| Phone:  |                        |                            |
| Address:  |                        |                            |
| City, State, Zip:   |                        |                            |
|   |                        |                            |
| Sign me up for: □ Event Sponsor<br>Amount due: \$   | Wed. Reception Sponsor | □ Thurs. Reception Sponsor |
| <ul> <li>Check enclosed (payable to American College of Coverage Counsel)</li> <li>Invoice me</li> <li>Complete the information below to pay by credit card:</li> </ul> |                        |                            |
| Card #:   | Expiration Date:       | Security Code              |
| Billing Zip Code:   | _ Signature:           |                            |
|   | -                      |                            |

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