

Dear Industry Colleague,

TAPPI is excited to announce the 2014 Building Sciences Committee meeting to be held September 17-19th 2014 at the Francis Marion Hotel in Charleston SC. This year's event promises to be a great mix of operational training and networking.

We would like to offer you an opportunity to put your company's brand in front of key industry professionals, who have a vested interest in your products, by becoming a meeting sponsor. Sponsorship at the Building Sciences Committee Fall Meeting will show our attendees your commitment to building industry relationships. This year's event will feature a cocktail reception with table top displays giving you the opportunity to talk to your clients face to face. Additional sponsorship opportunities are also available so you may choose your level of support and exposure.

Do not miss this opportunity to become involved with this great event.

We hope to see you in Charleston

TAPPI Building Sciences Committee 2014 - Fall Meeting Sponsorship Opportunities

Tabl	etop Package	\$750
	8'x30" Tabletop (Includes skirted table & 2 chairs	
	1 complimentary Meeting Registration	
	Logo listed on the Meeting website	
>	Recognition in all pre event marketing, conference Post-Show conference registration list with contact	e program, & on place holder slides & signage at the meeting et information (excluding e-mails)
Part	ner Sponsorships	
		\$350
>	Have each attendee wearing your company's logo (Company to provide lanyards)	throughout the conference by sponsoring the lanyard
>	Logo on conference Program, placeholder slides	& signage on site
>	ook Sponsor (Exclusive) Each attendee will take their notes in your compa Logo on conference Program, placeholder slides	, - , - , - ,
Confer	Have each attendee taking notes during the sympo Logo on all pre-conference marketing material, co ence Sponsorship	
Name: _		Title:
Compai	ny:	
Address	:	
City:	State:	Zip:
Phone:	Fax:	E-mail:
Sponsor	ship Choice	
If table	Top Package Selected please indicate your Complimenta	ry Registrant
Please (Charge (Circle One): Visa, AMEX, Mastercard O	R Check Amount:
Card N	ımber:	Exp. Date:
Signatu	e:	
Print N	ame:	

For further questions please contact Amanda Thomas at TAPPI FAX COMPLETED FORM TO: 770-446-6947 ATT: Amanda Thomas OR email athomas@tappi.org