

Become an AEAP Sponsor

Thank you for your interest in becoming a Sponsor. Our sponsorship program is a cost-effective way to give you maximum exposure to administrative professionals and drive traffic to your site. The various levels of sponsorship represent excellent opportunities to promote your business and make your company stand out as a leader in the industry.

Sponsor Levels and Benefits

Level 1 Sponsor

Benefits include: A one-line link to your website on the sponsors page.

Level 2 Sponsor

Benefits include: In addition to a link to your website, a level 2 sponsor can place a small banner or logo (image size 181 x 94 in JPG or GIF format) plus a 300-character description of your company on the sponsors page.

Level 3 Sponsor

Benefits include: All level 2 benefits plus a one-line link to your website in the Sponsor Spotlight box located on the left hand side of the home page and all AEAP WebPages.

AEAP reserves the right to decline any sponsored link deemed unsuitable.

Complete this Sponsor Application and mail with your payment to:
AEAP • 900 S. Washington St., Suite G-13 • Falls Church, VA 22046
Or fax to (703) 533-1153 Questions? Call (703) 237-8616

Name of organization: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Sponsor URL: http://_____

Please select a Sponsorship level:

	3 months	6 months	9 months	12 months
Level 1	<input type="checkbox"/> \$30	<input type="checkbox"/> \$57	<input type="checkbox"/> \$85	<input type="checkbox"/> \$110
Level 2	<input type="checkbox"/> \$60	<input type="checkbox"/> \$117	<input type="checkbox"/> \$175	<input type="checkbox"/> \$230
Level 3	<input type="checkbox"/> \$99	<input type="checkbox"/> \$195	<input type="checkbox"/> \$292	<input type="checkbox"/> \$386

Company Description: (300 characters or less for Level 2 or 3 sponsors)

If more space is needed, attach a separate sheet.

Levels 2 and 3, email your banner or logo to headquarters@theaeap.com

Payment Method:

- My check is enclosed (Checks must be made payable to AEAP and drawn on a U.S. bank.)
 Please charge my VISA MasterCard American Express

Credit Card #: _____ Exp. Date: _____

Security Code (3 or 4 Digits): _____

Name on Card: _____

Credit Card Billing Address (**If different than above**)

Street: _____

City, State, Zip: _____

Authorized Signature: _____

Note: Once a link is posted, fee is non-refundable