

Option 1: Pre- and/or Post- Conference Customized Attendee Emails

This new marketing opportunity enables exhibitors to send their own customized emails to all PAYMENTS 2018 attendees and track the results through a real-time web page. Our preferred vendor, Event Technologies, will work with you to design your email and send it on an agreed upon day and time. Dates will be assigned first come, first serve and opportunities are limited.

Email inclusions:

Organization name/logo (hyperlinked), booth number and your custom marketing message for PAYMENTS 2018 attendees. Opportunities to send an email before and/or after conference. Available to committed exhibitors and sponsors ONLY. Attendee emails are not provided to exhibitors.

Option 2: Pre- and/or Post- Sponsored NACHA Emails

Sponsor a NACHA email leading into PAYMENTS 2018 and/or right after conference. These emails are sent to PAYMENTS 2018 attendees, members, and prospective attendees. The subject of these emails vary and the sponsor can choose which email they want to sponsor. Limited opportunities!

Email inclusions:

Organization name/logo (hyperlinked) and a 50-word company description in dedicated sponsor area of email. Dates will be assigned on a first-come-first-serve basis. Each email blast will have one (1) Exclusive sponsor and is open to committed exhibitors and sponsors ONLY.

EXHIBITING COMPANY: _____ BOOTH NUMBER: _____

CONTACT: _____

PHONE: _____ EMAIL: _____

PAYMENT INFORMATION

- Pre- Conference Sponsored NACHA Email - \$1,500 each Pre- Conference Attendee Customized HTML Email - \$2,500 each
 Post- Conference Sponsored NACHA Email - \$1,500 each Post- Conference Attendee Customized HTML Email - \$2,500 each

Total payment is \$ _____ (Full payment due with application)

ACH Credit: UPIC Routing & Transit #021052053, Account #59058945 Use CCD format. Complete in Batch Header Record: 1) Company Name, 2) Company Discretionary Data (Sponsor contact's last name and first initial), 3) Company Entry Description (specify AN18). Date of Credit ____/____/____

Credit Card:

****Submit Credit Card payment by FAX only to: 703-713-1641****

Visa MasterCard American Express Discover

Account # _____ Exp. Date _____ CSC _____
(3 or 4-digits security code)

Name Exactly As It Appears On Card _____

Signature _____ Date _____

Credit Card Billing Address _____ City _____ ST _____ ZIP _____