

PodiatryMeetings.com

2025 Sponsorship Agreement



Sponsorship Term

PodiatryMeetings.com, LLC is pleased to offer _____ the opportunity to join its Corporate Sponsorship program for an annual period from January 1, 2025 through December 31, 2025.

Sponsorship Deliverables

PodiatryMeetings.com, LLC will provide _____ with the following:

Website Marketplace Listing (Sponsor provides content)

- Logo, brand colors, applicable banner ads, collateral, team photos, contact information
- Links as necessary
- See us soon information: listing of your upcoming tradeshow appearances
- Show Special listing (can be updated monthly)
- Featured Product Listing with image and description (can be updated monthly) with social media promotions for updates
- Resource center with up to 6 resources for visitors to download or view
- Custom lead form

Newsletter Presence

- Six advertisements (600X300px) in the PodiatryMeetings.com monthly e-newsletter (6 times throughout your 12-month sponsorship)
- Two advertorials - one advertorial featured in two of our monthly e-newsletters with an optional video interview during your 12-month sponsorship
- Our email newsletter goes out to over 12,000 podiatrists. Our open rate is approximately 63%

Additional Email Marketing

- Two dedicated "Featured Sponsor" emails with custom messaging, offers and graphics

Webinars

- Three webinars with email and social media promotion. Three available webinars to be used during your 12-month sponsorship. *Note: Sponsor can decide to substitute extra "Featured Sponsor" emails in place of any of the webinars.
- Includes registration and attendance reports with email addresses when available
- Webinars are typically scheduled for Mondays at 8:00 pm ET.

Website Banner Advertising (Sponsor provides artwork)

- Rotating leaderboard ad (1100x180px for desktop and 400x200px for mobile) on Home Page and Calendar Page
- Option to update artwork each month
- Rotation position and ad placement will be rotated monthly among all sponsors

Social Media – Facebook and LinkedIn

- Posts announcing your upcoming tradeshows and events
- Posts when show specials are updated in our virtual exhibit hall

- Posts when featured products are updated in our virtual exhibit hall
- Posts with relevant updates for the DPM audience

Administrative

- Consultation calls upon request to discuss upcoming newsletter topic, advertising changes, analytics, etc.
- Analytics reports upon request: webpage ad impressions and click; email marketing open rate and click thru rate

Sponsor responsibilities to PodiatryMeetings.com, LLC:

Website Marketplace Listing

- Provide upcoming event and booth info
- Provide graphics for any promotions or show specials; update as needed

Website Banner Advertising

- Provide banner ad graphic: 1100x180 pixels for desktop and 400x200 pixels for mobile
- Provide link for each ad
- Update artwork as needed
- Ads must be submitted at least 10 business days prior to anticipated update date

Newsletter Presence

- Confirm suggested month selection for ad placement
- Provide 600x300 pixels ad graphic
- Work with us to design "Featured Sponsor" emails (fully custom content) and advertorials (750 words plus images and links)

Formatting Notes

- Logo files are preferred as .png files with transparent backgrounds
- Text articles are preferred as Word documents for efficient copying/pasting
- Promotional flyers are preferred as PDF files for accurate layout viewing

Annual Corporate Sponsorship Fee

All invoices not contested in writing within 15 business days of receipt are deemed accepted by Sponsor as true and accurate and are payable in full. If payment becomes past due, PodiatryMeetings.com will suspend all Sponsor content until payments are current. Payments by check are preferred. Checks should be made out to PodiatryMeetings.com and mailed to Ann Dosen 1024 George Eargle Rd., Little Mountain, SC 29075. Credit card payments may incur a fee of up to 3%.

Term: This agreement shall be in effect from January 1, 2025 through December 31, 2025.

Annual Fee: \$5,800 for new sponsors. Reduced rate available for renewing sponsors. *Deposit or payment in full due at contract signing to secure spot.*

Changes/Termination: Any changes to this agreement must be made in writing and approved by both parties. PodiatryMeetings.com, LLC and _____ reserve the right to terminate this agreement at any time, without cause and without recourse by the other party, by giving the other party 30 days prior written notice via email with confirmation. If the agreement is terminated before the end of the payment schedule, the Sponsor must pay the balance owed for the remaining sponsorship. No refunds will be provided.

Acceptance: By signing and returning this proposed agreement to PodiatryMeetings.com, LLC without change, _____ acknowledges and is deemed to have accepted all terms and conditions of this agreement.

Authorized Representatives for PodiatryMeetings.com, LLC

Signatures: _____

Ann Dosen

Date: _____

Authorized Representative for _____

Print Name: _____ Title: _____

Signature: _____

Date: _____

PodiatryMeetings.com

Credit Card Authorization Form



Annual Corporate Sponsorship Fee

\$5,800 for new sponsors. Reduced rate available for renewing sponsors.

Acceptance: By signing and returning this proposed agreement to PodiatryMeetings.com, LLC you are authorizing PodiatryMeetings.com to charge your credit card indicated below for the amount selected above.

Cardholder Name (as it appears on the card) _____

Card Number _____

Exp. Date _____ CVV (3 digit code on back or 4 digit code on front) _____

Billing Zip Code _____

Signature: _____

Date: _____

I authorize the above-named business to charge the credit card indicated on this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Proposed Schedule of Benefits – to be completed once we receive signed agreement.

Newsletter Ads - Six

| Publication Date | Artwork Due Date |
|-------------------------|-------------------------|
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| | |

Featured Sponsor Emails - Two

| Publication Date | Content Due Date |
|-------------------------|-------------------------|
| | |
| | |

Advertorials included in Newsletter - Two

| Publication Date | Content Due Date |
|-------------------------|-------------------------|
| | |
| | |

Webinars - Three

| Broadcast Date | Title Due Date |
|-----------------------|-----------------------|
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