



BREWING SUMMIT 2025

August 13–15, 2025 | Palm Desert, California, U.S.A.

Sponsorship Reservation Form

SPONSORSHIP OPPORTUNITIES

Banner ad on meeting platform	\$3,000	\$ _____
Banner ad in pre-conference email	\$3,000	\$ _____
Beer at/near your booth	\$1,000	\$ _____
Beer passport stop	\$3,000	\$ _____
Closing party	\$10,000	\$ _____
Coffee	\$3,000	\$ _____
Collaboration Conference Beer	\$10,000	\$ _____
Company registration packages	\$ varies	\$ _____
Daily email sponsor	\$3,000	\$ _____
Email blast	\$4,000	\$ _____
Gift cards	\$ varies	\$ _____
Lanyards	\$7,000	\$ _____
Lunch	\$5,000	\$ _____
Main stage	\$10,000	\$ _____
Pop-up treat at booth	\$ varies	\$ _____
Registration confirmation email	\$5,000	\$ _____
Showcase N/A beer at all networking events	\$10,000	\$ _____
Sponsor your own session	\$6,500	\$ _____
Sponsor a Brewing Summit session	\$3,000	\$ _____
Sustainable swag	\$ varies	\$ _____
VIP attendee experience	\$ varies	\$ _____
Welcome party	\$10,000	\$ _____
Wi-Fi password	\$3,000	\$ _____
Create your own sponsorship		\$ _____
Sponsorship Packages		
VIP	\$25,000+	\$ _____
Platinum	\$15,000	\$ _____
Gold	\$10,000	\$ _____
Bronze	\$5,000	\$ _____
Total Due		\$ _____

Submit the following information to Rachel Alvarado:

ralvarado@scisoc.org

- High resolution logo in full color .eps vector or .tif format, 300 dpi, 3x3 inches
- Website URL that the logo will resolve to
- 50-word company description

PAYMENT INFORMATION

Invoice Me

Send me bank wire transfer details

Check enclosed (in U.S. funds and is payable to ASBC, drawn only from a U.S. bank)

When you provide a check for payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.

Charge my credit card (check one below)

American Express Discover MasterCard Visa

Card Number _____

CVV Code _____
(3 or 4 digits)

Expiration Date _____
(Month / Year)

Name of Cardholder _____

PAYMENT TERMS

Payment must be received to initiate sponsor benefits and is due within 30 days of sponsorship reservation. Your benefits are outlined in the sponsorship agreement emailed to your contact person. To pay by credit card, please contact Brianna Plank with credit card information: +1.651.994.3819.

COMPANY AND CONTACT INFORMATION

Company Name _____

Contact Name _____

Contact Email _____

Telephone _____

Address _____

City _____

State/Province/Country _____

Zip/Postal Code _____

PLEASE RETURN THIS FORM TO:

Brianna Plank
3285 Northwood Circle, Suite 100
St. Paul, MN 55121

bplank@scisoc.org or fax: +1.651.454.0766

QUESTIONS?

Brianna Plank
Director, Business Development
+1.651.994.3819

bplank@scisoc.org
mbaa.com • asbcnet.org