

**5th Workshop on eVTOL Infrastructure for UAM**  
**Sept. 20-21, 2021 — Virtual**



**SPONSORSHIP & EXHIBIT OPPORTUNITIES**

**VFS 5th Workshop on eVTOL Infrastructure for UAM:**

<https://vtol.org/infrastructure>

**Gold Sponsor — \$2,500 (5 Available)**

- One (1) 20-minute speaking slot during a scheduled break
- One (1) company-provided flyer (1-page 8.5 x 11) provided to all attendees (if desired)
- Company logo on website and conference materials
- Complementary registration for **three (3) people** to attend the conference

**Silver Sponsor — \$1,500 (5 Available)**

- One (1) 10-minute speaking slot during a scheduled break
- One (1) company-provided flyer (1-page 8.5 x 11) provided to all attendees (if desired)
- Company logo on website and conference materials
- Complementary registration for **one (1) person** to attend the conference

**Advertiser — \$500 (10 Available)**

- Company Logo on event page
- Link to product offering



## SPONSORSHIP APPLICATION

### 5th Workshop on eVTOL Infrastructure for UAM 2021

Virtual Event  
Sept. 20-21, 2021

#### Contact Information

Company Name: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to purchase the following product:

**Gold Sponsor — \$2,500 (5 available)**

**Provide the following information for one (1) 20-minute speaking slot:**

Title of 20-minute Presentation: \_\_\_\_\_

Presentation Abstract/Goal: \_\_\_\_\_

\_\_\_\_\_

Speaker Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Silver Sponsor — \$1,500 (5 available)**

**Provide the following information for one (1) 10-minute speaking slot:**

Title of 10-minute Presentation: \_\_\_\_\_

Presentation Abstract/Goal: \_\_\_\_\_

\_\_\_\_\_

Speaker Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Advertiser — \$500 (10 Available)**

**Logo:** email your organization's logo to be used on the eVTOL Workshop event site and

workshop materials to Valerie Sheehan at [vsheehan@vtol.org](mailto:vsheehan@vtol.org). Resolution should be print quality with a transparent background.

**Speaker Bios:** email your speaker's bio to Jim Sherman at [jsherman@vtol.org](mailto:jsherman@vtol.org). Hi-resolution photo (>300 dpi).

## Complimentary Registrations

Provide the following information for your complimentary conference registrants.

- Gold Sponsor: 3**
- Silver Sponsor: 1**

1. Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Agreement and Terms

### (1) Application and Confirmation for Sponsorship/Exhibit Space

Upon receipt and approval of a completed application, the Vertical Flight Society (VFS) will send a confirmation and invoice or payment receipt, making the application a contract. Once this application becomes a contract, all sales are final and must be paid in full.

### (2) Payment terms

The total amount is due upon submission of the application or upon receipt of an official invoice provided by VFS – checks or wire transfers preferred.

### (3) Advertising and collateral materials

Contractor must create and submit to VFS all advertising artwork related to sponsorship promotional items by required deadlines. A sponsor/exhibitor agrees to permit VFS use of its corporate logos and advertising artwork on all related promotional collateral materials, in VFS publications and the VFS website. VFS must approve all artwork for use in the program.

### (4) VFS contact

The completed application should be sent to:

**Vertical Flight Society**  
**Attn: eVTOL Workshop**  
**2700 Prosperity Ave., Ste. 275**  
**Fairfax, VA 22031**  
**Tel: +1-703-684-6777 x103**  
**Email to both: [vsheehan@vtol.org](mailto:vsheehan@vtol.org) and [jsherman@vtol.org](mailto:jsherman@vtol.org)**

#### Payment Information

Method of Payment:  Credit Card  Check Enclosed  Wire  Bill me (Payment due within 30 days)

Credit Card Type:  Visa  MasterCard  American Express      Order: \$ \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_ CVV Code: \_\_\_\_\_