



ICRA 2025 Sponsorship Drive

Public Relations Committee

	Sponsorship Level & Price		
	Platinum	Gold	Silver
	\$500	\$400	\$100
One standard exhibit space during Fall Conference \$300 Value	√	√	
One complimentary Fall Conference registration including CEs, breaks and lunch \$150 Value	√	√	
One full page of sponsor prepared content included in the Conference syllabus \$100 Value	√		
Half page of sponsor prepared content included in the Conference syllabus \$50 Value		√	
Full page ad in both issues of the “Indiana Abstract”, ICRA’s biannual membership newsletter \$200 Value	√		
Half page ad in two issues the “Indiana Abstract”, ICRA’s biannual membership newsletter \$100 Value		√	√
Sponsor is listed in the conference program by level of support \$25 Value	√	√	
Sponsor is listed by level of support on the ICRA Website \$25 Value	√	√	√
	\$800 Value	\$650 Value	\$125 Value
ICRA accepts unrestricted educational grants and/or donations.			



2025 SPONSORSHIP/EXHIBITOR REPLY FORM
INDIANA CANCER REGISTRARS ASSOCIATION (ICRA)

Name of Company/Organization: _____

Representative: _____

Address: _____

Telephone/Fax/Email: _____

Yes, our company/organization will advertise in ICRA's newsletter, ***The Abstract***, and/or be an exhibitor at ICRA's Fall Conference to be held November 7, 2025 in Indianapolis, IN. Exact location to be released later in 2025.

Our company/organization would like to participate at the following level:

- Platinum:** A \$800 value at **\$500**
- Gold:** A \$650 value at **\$400**
- Silver:** A \$125 value at **\$100**

Additional representatives may attend the conference at the member rate discount (includes CEs, breaks and lunch) or additional representatives may join us for breaks and lunch at an additional cost of \$50.00 per day (conference CEs NOT included).

Additional Representatives Attending: _____

Full conference _____ Meals/breaks only _____

Yes, our company/organization wishes to make an unrestricted grant and/or donation.
Donation amount/details _____

No, our company/organization will not be participating in ICRA sponsorship.



Advertisements & Exhibit Details:

Send logos as a JPG file and/or Word document email attachment to MandiK.ODS@gmail.com

Exhibit Space Requirements:

Total feet of space: _____

Six-foot draped table(s): _____

Chair(s): _____

Electrical outlet(s): _____

Form and Payment Options:

Please complete and return this form, with your check payable to

Indiana Cancer Registrars Association (ICRA)

840 S 650 W

Angola, IN 46703

by: September 30, 2025

-OR-

Pay online at <https://icra-indiana.net/sponsorship-fees>

Email this completed form to MandiK.ODS@gmail.com