Event Sponsorship

Executive Education Sponsorship 2018

SPONSORSHIP AGREEMENT

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day of	(month),	(year), Credit
Union Executives Soc	ciety, hereinafter knov	vn as CUES®, and:
COMPANY NAME (as it will a	ppear in promotional material	ls.)
ADDRESS		
CITY, STATE/PROV., ZIP		
WEBSITE ADDRESS		
FACEBOOK.COM/		
@ TWITTER		
TELEPHONE		
FAX		
DIRECT FUTURE CORRESPO	INDENCE TO (NAME)	
CONTACT TITLE		
EMAIL ADDRESS OF CONTA	СТ	
fees for each confere attend and receive all	"Sponsor," in consider nce, CUES hereby allov sponsorship benefits fied for each event, ap	vs above company to at indicated events.
INSTITUTE SPO	NSORSHIPS ARE AV	AILABLE TO
CUES SU	JPPLIER MEMBERS (ONLY.
CALL FOR MEMBE	ERSHIP INFORMATIO	N OR TO JOIN.

Institute Sponsorships	6
Sponsor all three sessions (\$35,000)	= \$
CEO Institute I April 8–13, 2018 University of Pennsylvania The Wharton School (\$15,000) Dinner Sponsorship (\$5,000)	= \$ = \$
CEO Institute II April 29–May 4, 2018 Cornell University Samuel Curtis Johnson Graduate School of Management (\$15,000) Dinner Sponsorship (\$5,000)	= \$ = \$
CEO Institute III May 20–25, 2018 University of Virginia Darden School of Business (\$15,000) Dinner Sponsorship (\$5,000)	= \$ = \$
Processing Fee TOTAL AMOUNT	= \$15.00 = \$

Agreement

I, the duly authorized representative of the undersigned organization, on behalf of said organization, subscribe and agree to all terms, conditions, authorizations and covenants contained in this Sponsorship Agreement, the incorporated CUES Contract Terms and Regulations and the CUES Sponsor Code of Ethics.

Signature		
5	Date	
ACCEPTED BY CREDIT UNION	EXECUTIVES SOCIETY	
Signature		
Title	Date	
Payment		
□ My payment (in U.S. funds or	nly) of \$ is enclosed.	
□ Charge \$ to	my 🛛 Visa 🖾 MasterCard 🖾 American Expres	
Credit card number		
Expiration date	Security Code (CSC)	
PRINT NAME AS IT APPEARS ON	CARD	
AUTHORIZED SIGNATURE		
AUTIONIZED SIGNATURE		
CREDIT CARD BILLING ADDRESS		
Mail your payment	Credit Union Executives Society	
along with the	P.O. Box 14167	
Sponsorship	Madison, WI 53708-0167	
Agreement to:	Attn: Karin Sand	

Payment Policy - Terms are net 30 days from invoice date. Firms with invoices not paid in full 30 days prior to start of conference may lose sponsorship benefits.

Or fax to: 608.441.3341

Cancellation Policy - 50% deduction on sponsorship fees will be made on cancellations received in writing 30 days prior to start of conference. No refunds will be issued within 30 days of start of conference.