Execu/Summit® • March 10-15, 2019 • Westin Snowmass Resort • Snowmass Village, Colorado

With the memorandum of agreement, made this	Sponsorsnips Mem	nbers. For nonmember pricing or more information on nembership, contact Kari Sweeney, kari@cues.org.	Agreement
day of (month), (year), Credit Union Executives Society, hereinafter known as CUES®, and:	Supporting Sponsorship \$7,000	= \$	I, the duly authorized behalf of said organi authorizations and c
COMPANY NAME (as it will appear in promotional materials.)	Sponsor the Execu/Series (Execu/Summit, Execu/Blend, Execu/Net) \$18,000 = \$		the incorporated CUI Sponsor Code of Eth
ADDRESS		,	ACCEPTED BY SPONS Signature
	ADDITIONAL AND NON-ATTENDING SPONSORSHIPS		Title
CITY, STATE/PROV., ZIP	Aprés ski break \$3,000	= \$	ACCEPTED BY CREDIT
WEBSITE ADDRESS	Conference Area Wi-Fi \$5,000	= \$	Signature Title
FACEBOOK.COM/	Ski-lift ticket holders \$2,000	= \$	Payment
@ TWITTER	Book sponsor \$2,000	= \$	☐ My payment (in U.S.
TELEPHONE	Chapstick/sunscreen holders \$1,000	= \$	☐ Charge \$
FAX	Processing Fee	= \$15.00	Credit card number _
DIRECT FUTURE CORRESPONDENCE TO (NAME)	TOTAL AMOUNT	= \$	Expiration date
CONTACT TITLE	Company Product/S	ervice Description	PRINT NAME AS IT APP
EMAIL ADDRESS OF CONTACT	Please include your company's 50-word description in the box below. This description will be used in the conference program guide and in <i>Credit Union Management</i> magazine.		AUTHORIZED SIGNATUR
hereinafter known as "Sponsor," in consideration of sponsorship fees for each conference, CUES hereby allows above company to	galac and in order, emerimanage	o.mont .maga_mon	CREDIT CARD BILLING A
attend and receive all sponsorship benefits at indicated events. All restrictions, specified for each event, apply.			Mail your paym along with the Sponsorship Agreement to:
			Doument Delieu - Torm

I representative of the undersigned organization, on ization, subscribe and agree to all terms, conditions, covenants contained in this Sponsorship Agreement, IES Contract Terms and Regulations and the CUES

CCEPTED BY SPONSOR

Signature					
Title	PDate				
ACCEPTED BY CREDIT UNION EXECUTI	VES SOCIETY				
Signature					
Title	Date				
Payment					
☐ My payment (in U.S. funds only) of \$ _		is enclosed.			
☐ Charge \$to my ☐ Vis	a 🛮 MasterCard	☐ American Express			
Credit card number					
Expiration date So	ecurity Code (CSC))			
PRINT NAME AS IT APPEARS ON CARD					
AUTHORIZED SIGNATURE					
CREDIT CARD BILLING ADDRESS					

nent

Credit Union Executives Society

P.O. Box 14167 Madison, WI 53708-0167

Attn: Karin Sand Or fax to: 608.441.3341

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.

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.