

SPONSORSHIP AGREEMENT

CEO/Executive Team Network™

With the memorandum of agreement, made this _____ day of _____ (month), _____ (year), Credit Union Executives Society, hereinafter known as CUES®, and:

COMPANY NAME (as it will appear in promotional materials.)

ADDRESS

CITY, STATE/PROV., ZIP

WEBSITE ADDRESS

FACEBOOK.COM/ _____

@ _____ TWITTER

TELEPHONE

FAX

DIRECT FUTURE CORRESPONDENCE TO (NAME)

CONTACT TITLE

EMAIL ADDRESS OF CONTACT

hereinafter known as "Sponsor," in consideration of sponsorship fees for each conference, CUES hereby allows above company to attend and receive all sponsorship benefits at indicated events. All restrictions, specified for each event, apply.

Sponsorships

All pricing applies to CUES Supporting and Premier Supplier Members. For nonmember pricing or more information on membership, contact Kari Sweeney, kari@cues.org.

Platinum Sponsorship \$24,000 = \$ _____

Gold Sponsorship \$18,000 = \$ _____

Silver Sponsorship \$9,000 = \$ _____

ADDITIONAL AND NON-ATTENDING SPONSORSHIPS

Golf tournament sponsor \$2,000 = \$ _____

Conference tote bags \$6,500 = \$ _____

Conference Area Wi-Fi \$5,000 = \$ _____

Conference App \$6,000 = \$ _____

Badge lanyards \$3,000 = \$ _____

Pens and notepads \$2,000 = \$ _____

Processing Fee = \$15.00

TOTAL AMOUNT = \$ _____

Company Product/Service Description

Please include your company's 50-word description in the box below. This description will be used in the conference app.

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.

ACCEPTED BY SPONSOR

Signature _____

Title _____ Date _____

ACCEPTED BY CREDIT UNION EXECUTIVES SOCIETY

Signature _____

Title _____ Date _____

Payment

My payment (in U.S. funds only) of \$ _____ is enclosed.

Charge \$ _____ to my Visa MasterCard American Express

Credit card number _____

Expiration date _____ Security Code (CSC) _____

PRINT NAME AS IT APPEARS ON CARD

AUTHORIZED SIGNATURE

CREDIT CARD BILLING ADDRESS

Mail your payment along with the Sponsorship Agreement to:

Credit Union Executives Society
P.O. Box 14167
Madison, WI 53708-0167
Attn: Kari Sweeney
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.