

SPONSORSHIP  
AGREEMENT

## CUES Symposium • February 09–13, 2020 • Fairmont Orchid • Kohala Coast, HI

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](mailto:kari@cues.org).

Platinum Sponsorship  
\$20,000 = \$ \_\_\_\_\_

Gold Sponsorship  
\$16,000 = \$ \_\_\_\_\_

Silver Sponsorship  
\$10,000 = \$ \_\_\_\_\_

## ADDITIONAL AND NON-ATTENDING SPONSORSHIPS

Conference tote bags  
\$7,000 = \$ \_\_\_\_\_

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

Conference App  
\$5,000 = \$ \_\_\_\_\_

Badge lanyards  
\$3,000 = \$ \_\_\_\_\_

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.