Event Sponsorship

CUES Director Seminars Sponsorship 2023

	ndum of agreement, ma		Sponso
-	(month),		Sponsor bot
Union Executives S	ociety, hereinafter knov	vn as CUES®, and:	\$6,000
COMPANY NAME (as it wi	ll appear in promotional material	ls.)	CUES Direct September 6
ADDRESS			Savannah, G Supporting s \$4,000
CITY, STATE/PROV., ZIP			Other sponse
WEBSITE ADDRESS			Supervisory
LINKEDIN			September 6 Savannah, G Supporting s
@ TWITTER			\$4,000 Other sponse
TELEPHONE			
FAX			Processing
DIRECT FUTURE CORRES	PONDENCE TO (NAME)		TOTAL AMO
CONTACT TITLE			
EMAIL ADDRESS OF CON	TACT		
fees for each confe attend and receive	as "Sponsor," in consider rence, CUES hereby allov all sponsorship benefits cified for each event, ap	vs above company to at indicated events.	

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SPONSORSHIP AGREEMENT

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onsorships	All pricing applies to CUES Supporting and Premier Supplier Members. For nonmember pricing or more information on membership, contact Kari Sweeney, <u>kari@cues.org</u> .	Agreement
nsor both Septembe 5,000	er Director Seminars for = \$	I, the duly authorized repre behalf of said organization authorizations and covena the incorporated CUES Cor
S Director Developn tember 6–8, 2023	nent Seminar	Sponsor Code of Ethics.
annah, Georgia		ACCEPTED BY SPONSOR Signature
porting sponsorship 4,000	= \$	Title
er sponsorship		
	= \$	ACCEPTED BY CREDIT UNIO
	Development Operations	Signature
tember 6–7, 2023	Development Seminar	Title
annah, Georgia		Payment
porting sponsorship		rayment
4,000 er sponsorship	= \$	□ My payment (in U.S. funds
er sponsorsnip	= \$	Li My payment (in 0.3. tunus
		🗆 Charge \$
	•	Credit card number
cessing Fee	= \$15.00	
AL AMOUNT	= \$	Expiration date
		PRINT NAME AS IT APPEARS C
		AUTHORIZED SIGNATURE
		CREDIT CARD BILLING ADDRES
		Mail your payment along with the Sponsorship Agreement to:
		Payment Policy – Terms are ne

esentative of the undersigned organization, on n, subscribe and agree to all terms, conditions, ants contained in this Sponsorship Agreement, ntract Terms and Regulations and the CUES

Title	leDate		
ACCEPTED BY CREDIT UNIO	N 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 C	ON CARD		
AUTHORIZED SIGNATURE			
CREDIT CARD BILLING ADDRES	20		
Mail your payment	Credit Union Executives Society		
along with the	P.O. Box 14167 Madison, WI 53708-0167		
Sponsorship	Attn: Kari Sweeney		
Agreement to:	Or Email to kari@cues.org		
Payment Policy - Terms are no	t 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.