

SPONSORSHIP
AGREEMENT

Executive Education Sponsorship 2023

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

LINKEDIN

@ 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.

**INSTITUTE SPONSORSHIPS ARE AVAILABLE TO
CUES SUPPLIER MEMBERS ONLY.
CALL FOR MEMBERSHIP INFORMATION OR TO JOIN.**

Institute Sponsorships

Sponsor all three sessions
(\$35,000) = \$ _____

CEO Institute I
April 16–21, 2023
University of Pennsylvania
The Wharton School
(\$15,000) = \$ _____
Dinner Sponsorship
(\$5,000) = \$ _____

CEO Institute II
May 7–12, 2023
Cornell University
Samuel Curtis Johnson
Graduate School of Management
(\$15,000) = \$ _____
Dinner Sponsorship
(\$5,000) = \$ _____

CEO Institute II
August 20–25, 2023
Cornell University
Samuel Curtis Johnson
Graduate School of Management
(\$15,000) = \$ _____
Dinner Sponsorship
(\$5,000) = \$ _____

CEO Institute III
May 7–12, 2023
University of Virginia
Darden School of Business
(\$15,000) = \$ _____
Dinner Sponsorship
(\$5,000) = \$ _____

Processing Fee = \$15.00

TOTAL AMOUNT = \$ _____

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 Email to kari@cues.org

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.