# Directors Conference • December 10-13, 2023 • Hyatt Regency Maui Resort & Spa • Maui, Hawaii

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.

## Company Product/Service Description

Please email a 50 word company description to Kari Sweeney, <a href="mailto:kari@cues.org">kari@cues.org</a>. This description will be used in the conference app.

## **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 \$15,000	= \$
Gold Sponsorship \$8,500	= \$
Silver Sponsorship \$6,000	= \$

#### ADDITIONAL AND NON-ATTENDING SPONSORSHIPS

Book sponsor \$10,000	= \$
Conference Area Wi-Fi \$5,000	= \$
Conference App \$6,000	= \$
Conference tote bags \$5,500	= \$
Roundtable discussion \$3,000	= \$
Article in conference guide \$2,000	= \$
Badge lanyards \$2,000	= \$
Golf sponsorship \$2,000	= \$
Conference guide ads each \$1,500	= \$
Pens and notepads \$1,500	= \$
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.

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Title	Date
ACCEPTED BY CREDIT UNI Signature	ON EXECUTIVES SOCIETY
Title	Date
Payment	
☐ My payment (in U.S. fund	s 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	

Mail your payment along with the Sponsorship Agreement to:

CREDIT CARD BILLING ADDRESS

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.

 $\begin{tabular}{ll} \textbf{Cancellation Policy} - 50\% & deduction on sponsorship fees will be made on cancellations received in writing 30 days prior to start of conference. No refunds will be issued within 30 days of start of conference. \\ \end{tabular}$