

**SPONSORSHIP AGREEMENT**

**CUES Symposium • January 26-30, 2025 • Grand Hyatt Kauai Resort & Spa • Koloa, Hawaii**

Event Sponsorship

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

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

Titanium Sponsorship  
\$50,000 = \$ \_\_\_\_\_

Platinum Sponsorship  
\$30,000 = \$ \_\_\_\_\_

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

Silver Sponsorship  
\$13,500 = \$ \_\_\_\_\_

**ADDITIONAL AND NON-ATTENDING SPONSORSHIPS**

Conference tote bags  
\$7,500 = \$ \_\_\_\_\_

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

Conference App  
\$6,000 = \$ \_\_\_\_\_

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

Note Pads/Pens  
\$2,000 = \$ \_\_\_\_\_

**Processing Fee** = \$15.00

**TOTAL AMOUNT** = \$ \_\_\_\_\_

Sponsorships available for CUES Supporting and Premier Supplier Members.

Email completed invoices to [accountspayable@cues.org](mailto:accountspayable@cues.org) or call 608.271.2664 to make a payment.

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

Your payment will be \$ \_\_\_\_\_.

**CHARGE**

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**

**Mail your payment along with the Sponsorship Agreement to:** Credit Union Executives Society  
P.O. Box 14167  
Madison, WI 53708-0167  
Attn: CUES Supplier Relations  
Or Email to [supplierrelations@cues.org](mailto:supplierrelations@cues.org)

**Payment Policy** – Terms are net 30 days from invoice date. Balance will be invoiced in the 4th quarter of 2024. 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.

**ACH/WIRE**

Please send me the ACH/Wire transfer information.