

## Directors Conference • December 11-14, 2016 • 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					
611, 31K(E) 110V, 211					
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.

## Company Product/Service Description

Please email a 50 word company description to Kari Sweeney, kari@cues.org. This description will be used in the conference program guide and in *Credit Union Management* magazine.

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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.

C	CFP	TFD	BY	SP	ONSOR

Cianatura

Title				
ACCEPTED BY CREDIT U				
_	Date			
Payment				
☐ My payment (in U.S. f	unds only) of \$		is enclosed.	
☐ Charge \$	to my 🛮 Visa	□MasterCard	☐ American Expres	
Credit card number				
Expiration date	Sec	urity Code (CSC)	)	
PRINT NAME AS IT APPEA	IRS ON CARD			
AUTHORIZED SIGNATURE				
CREDIT CARD BILLING AD	DRESS			

Mail your payment along with the Sponsorship Agreement to: Credit Union Executives Society

P.O. Box 14167 Madison, WI 53708-0167

Attn: Karin Sand 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.

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