

Sponsorship Application

Company Information

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____ Phone: _____

Show Contact for Sponsorship Coordination: _____

Email: _____

Sales Contact to be Included in Exhibitor Directory: (Sales Contact is not automatically registered to event. Please use the Representative Registration form to register your onsite representatives.)

Name: _____ Title: _____

Phone: _____ Email: _____

By signing below, the above company agrees to abide by all participation rules, terms, and conditions.

Signature: _____ Date: _____

Print Name: _____

SPONSORSHIP PRICING AND RESERVATION: Please select your sponsorship type by checking the appropriate box below.

☐ Platinum \$14,000 ☐ Gold \$8,000 ☐ Silver \$4,000 ☐ Bronze \$2,000 ☐ Networking \$1,195

Please select your tentative space preferences. We will attempt to accommodate your selection(s), but make no guarantees.

_____ 1st Choice _____ 2nd Choice _____ 3rd Choice _____ 4th Choice

Check the categories applicable to your company's products and services.

- | | | |
|--|--|--|
| <input type="checkbox"/> Asset/Liability Management | <input type="checkbox"/> Electronic Banking Services | <input type="checkbox"/> Loan Products/Services |
| <input type="checkbox"/> ATM's | <input type="checkbox"/> Facilities/equipment | <input type="checkbox"/> Marketing Programs |
| <input type="checkbox"/> Auditing Services | <input type="checkbox"/> Finance Management | <input type="checkbox"/> Mortgage Lending Services |
| <input type="checkbox"/> Car Sales/Programs | <input type="checkbox"/> Forms/Supplies | <input type="checkbox"/> Newsletters/Publications |
| <input type="checkbox"/> Collection/Repossession | <input type="checkbox"/> Human Resources Management | <input type="checkbox"/> Security/Risk Management |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Image Processing | <input type="checkbox"/> Share Draft Printing/Processing |
| <input type="checkbox"/> Credit/Debit Card Programs | <input type="checkbox"/> Insurance | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Currency/Coin Processing | <input type="checkbox"/> Investment/Securities | <input type="checkbox"/> Temp/Permanent Personnel |
| <input type="checkbox"/> Data Processing/Computer Services | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Other |
| <input type="checkbox"/> Design/Build | | |

METHOD OF PAYMENT—Payment in full is required to secure sponsorship. If paying by credit card, please complete the online application.

☐ Check: Payable to CLSC

Return with payment to
 Angela Dailey, Manager of Educational Programs and Events
 P.O. Box 51476 • Ontario, CA 91761-0076
 800.472.1702, ext. 6026 • FAX: 909.390.3085 • angelad@ccul.org