

SPONSORSHIP
AGREEMENT

CUES Schools Sponsorship 2014

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

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.

Sponsorships

(CUES Supporting and Premier Supplier Member price / CUES Contributing Supplier Member and Nonmember price)

Sponsor both Seattle schools
(\$6,000 / \$10,000) = \$ _____

CUES School of Strategic Marketing™ I

July 14–16, 2014

Seattle

Supporting sponsorship
(\$4,000 / \$7,000) = \$ _____

Other sponsorship
_____ = \$ _____

CUES School of Strategic Marketing™ II

July 17–18, 2013

Seattle

Supporting sponsorship
(\$4,000 / \$7,000) = \$ _____

Other sponsorship
_____ = \$ _____

Processing Fee = \$12.00

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: 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.

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.