

SPONSORSHIP AGREEMENT

Executive Education 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.

Institute Sponsorships

**Sponsor all three
CEO Institute Programs**
(\$25,000) = \$ _____

CEO Institute I
April 6–11, 2014
University of Pennsylvania,
The Wharton School
(\$10,000) = \$ _____

CEO Institute II
May 4–9, 2014
Cornell University
Samuel Curtis Johnson
Graduate School of Management
(\$10,000) = \$ _____

CEO Institute III
May 4–9, 2014
University of Virginia
Darden Graduate School
of Business Administration
(\$10,000) = \$ _____

CUES Governance Leadership Institute™
June 8–11, 2014
University of Toronto
Joseph L. Rotman School
of Management
(\$10,000) = \$ _____

Processing Fee = \$12.00

TOTAL AMOUNT = \$ _____

INSTITUTE SPONSORSHIPS ARE AVAILABLE TO CUES SUPPLIER MEMBERS ONLY. CALL FOR MEMBERSHIP INFORMATION OR TO JOIN.

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.