

# Sponsorship Agreement

Please complete this Sponsorship Agreement in full and return with appropriate payment. Written confirmation will be sent upon approval by the AAE.

## Company Information (Used for Mobile App)

Company Name (as it should appear in print)

Alphabet letter under which you would like your company name to be listed

Address

City State/Country Zip/Postal Code

Phone Website

## Contact Information

Contact Name Contact Title

Contact Information (if different from company information)

Address

City State/Country Zip/Postal Code

Phone Email (Required)

List types of products or services to be displayed:

## Purchases

Corporate Attendance Package:

\$1,900

Additional Corporate Representatives:

\_\_\_\_\_ x \$500 = \$ \_\_\_\_\_

Sponsorship Opportunity Selected (list in below box):

\$ \_\_\_\_\_

**TOTAL PACKAGE COST: \$ \_\_\_\_\_**

The company or individual listed on this application agrees to comply with all the policies, terms and regulations outlined in the **Display Space Terms**, which is part of this contract. We further acknowledge that the AAE reserves the right, in its absolute discretion, to reject this contract. This application shall not become a binding contract until fully executed by both parties.

Authorized by (print name) Title

Signature Date

## Payment

A 50 percent deposit (in U.S. funds) must accompany this agreement. Payment will be accepted in the form of a check made payable to the American Association of Endodontists or a credit card.

Select:  Send me an invoice. Payment due by January 4, 2019.

Charge the credit card below for the full amount.

Payment is by (please check one):  Visa  MasterCard  American Express  Discover

Card Number Expiration Date Security Code Card Holder's Name (print)

Signature Date

Note: Any credit card charge over \$5,000 will incur a 3% processing fee.