

sponsorship agreement



I am confirming my organization for the following sponsorship level:

- PRESENTING Sponsor \$12,500 PATRON Sponsor \$5,000 SUPPORTER Sponsor \$1,500
 CHAMPION Sponsor \$10,000 BENEFACTOR Sponsor \$2,500 FRIEND Sponsor \$1,000

Person to whom correspondence should be addressed:

Contact: _____ Title: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: (____) _____

Email: _____ Website: _____

Would you like an exhibit booth at the Conference? _____ Yes _____ No

Are there any probable sponsors you do NOT wish to exhibit near? _____

Presenting, Champion and Patron Level Sponsors: Please indicate your preference for Premium Sponsorship Opportunities (to be confirmed by the AFP Massachusetts Chapter)

Please provide the following information as you would like it to appear in any print or web materials.

Contact: _____ Title: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: (____) _____

Email: _____ Website: _____

Organization/Company logos (in eps format) to info@afpmass.org to ensure inclusion in the chapter and conference marketing materials (based on your commitment level).

I understand that this executed confirmation agreement becomes binding upon acceptance of the application and receipt of payment by AFP Massachusetts Chapter. Until receipt of executed contract and payment, sponsor benefits will not be applied.

Signed By: _____

Title: _____ Date: _____

Payment Information: Please make **checks** payable to **AFP Massachusetts Chapter** and mail to the chapter administrator, AFP, 411 Waverley Oaks Road, Suite 331B, Waltham, MA 02452.

Credit Cards: Visa MC American Express

Card Number: _____ Ex. Date: ____/____/____ Sec. Code: _____

Cardholder Name (exactly as it appears): _____

Account Address: _____

Please return this signed agreement as well as payment to AFP Massachusetts Chapter, 411 Waverley Oaks Road, Suite 331B, Waltham, MA 02452 or by email to info@afpmass.org.