



Send Contract to:

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June 7, 2017 | Chicago, IL

2017 APPLICATION & CONTRACT FOR SPONSORSHIP

ORGANIZATION NAME

CONTACT NAME

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

E-MAIL

INCLUDE CONTACT ABOVE ON ALL SPONSORSHIP COMMUNICATIONS? ___ YES ___ NO

ADDITIONAL CONTACT (if applicable)

Use this contact for: (select all that apply) ___ Marketing Deliverables ___ Session Presentation Information

NAME

EMAIL

PHONE

Sponsorships (please select one)

Platinum Level Sponsor – \$9,500

Gold Level Sponsor – \$4,500

Method of Payment

Invoice Me (net 30 day terms)

Invoices are sent out via email to main contact on contract, unless otherwise indicated below

EMAIL INVOICE TO _____

Charge to: VISA MasterCard AmEx

Mail payment to:

BNP Media

Attn: Dawn Thibodeaux,

Accounting

2401 W. Big Beaver Rd.,

Suite 700

Troy, MI 48084

CARDHOLDER NAME

CARD NUMBER

EXPIRATION DATE

CARDHOLDER SIGNATURE

AMOUNT AUTHORIZED

CVC CODE

PLEASE SIGN HERE

ACCEPTANCE SIGNATURE

All sponsorship cancellations received 60 days prior to the conference date will result in a 50% refund. Cancellations received less than 60 days before the conference will be charged in full. By signing this contract you have read and understand this agreement.