National Conference on Health Communication, Marketing, and Media

2008 SPONSORSHIP AGREEMENT

COMPANY INFORMATION

Company: _____

Contact: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

SPONSORSHIP INFORMATION

Please indicate level you would like to sponsor below:

Sponsorship Level: _____

Cost: _____

ALL SPONSORSHIPS INCLUDE

- Listing in the Onsite Program*
- Recognition on the exhibit hall entrance unit*

**Subject to printing and/or production deadlines - inclusion is not guaranteed for information received after June 13*

PAYMENT

Full Payment is due with this signed agreement. If payment is not received within 3 weeks, the sponsorship will be released and this Sponsorship Application form will be declared null and void so that the item may be reassigned.

PAYMENT METHOD

☐ Check for $ _____ enclosed.

☐ Visa or ☐ MasterCard ☐ American Express ☐ Discover charge for $ _____

Card # _____

Exp. Date _____

Authorized Signature _____

AUTHORIZATION

By signing this agreement, I agree that I have read the above guidelines, and agree to abide by the terms and conditions set forth. A Sponsorship Application must be signed in order to confirm the sponsorship.

CANCELLATION POLICY

No refunds due to sponsorship cancellation will be granted. Sponsor will be obligated to pay any outstanding balance due on sponsorship as outlined in the sponsor application/contract.

_____

Signature Date

_____

Title

Return Agreement and Payment to:

National Conference on Health Communication, Marketing, and Media
Exhibits & Sponsorship Manager
11260 Roger Bacon Drive, Suite 402
Reston, VA 20190
Phone 703-964-1240, ext.15
Fax 703-964-1246
Email exhibits@conferencemanagers.com