AMERICAN COUNCIL OF LIFE INSURERS

Annual Conference
October 19 – 21, 2008
Westin Boston Waterfront Hotel
Boston, MA

Sponsorship Agreement

Company _____

Contact Person _____

Title _____

Phone _____ Fax _____ Email_____

Address _____

_____

City _____ State _____ Zip _____

Sponsorships Requested

_____	_____	_____
Date	**Event**	**Cost**
_____	_____	_____
Date	**Event**	**Cost**

All sponsorships are granted on a first-come basis; telephone reservations will be held for three (3) business days pending receipt of agreement and payment. The sponsor agrees to submit the applicable fee with the agreement. Once the American Council of Life Insurers has received a signed agreement and payment, a copy signed by an ACLI representative will be returned to you. If you have questions, contact Linda Cunningham, Vice President, Conference Development at 202-624-2405.

- ❑ Enclosed is a check made payable to the American Council of Life Insurers in the amount of $_____.
- ❑ Please charge $_____ to: ❑ American Express ❑ Diners Club ❑ MasterCard ❑ Visa

Credit Card Number _____

Expiration Date _____

Sponsor Signature _____ Date _____

_____ _____

ACLI Representative Signature Date

Return Contract and payment to:
American Council of Life Insurers
Linda Cunningham
101 Constitution Avenue, NW
Suite 700
Washington, DC 2001-2133
Phone: 202-624-2405
Fax: 202-624-2425