

Sponsorship Agreement ACLI 2017 Annual Conference- October 8-10, 2017 Loews Sapphire Falls Resort, Orlando, Florida

Compa	ny						
Contac	t Person						
Title							
Phone			Fax		Email		
Addres	s						
City _			Sta	ate	Zip		
			Sponso	orship Requested			
Date		Event				Cost	
 Date		Event				Cost	
signed a of Life Ir Please r	agreement and p nsurers has rece note, no refunds	ayment. The sponso	or agrees to s nent and payi have question	one reservations will be held ubmit the applicable fee witl ment, a copy signed by an A ns, contact Linda Cunningha	n the agreemer	nt. Once the Amer	rican Council ed to you.
		a check made paya	able to the A	American Council of Life	Insurers in the	e amount of	
	Please charg	ge \$	to:	☐ American Express	☐ Discover	☐ MasterCard	□ Visa
Credit (Card Number _						
Expirati	ion Date _						
Signature			Date				
				ACLI Representative Sig	nature		Date

Return Agreement 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

Email: lindacunningham@acli.com