ACLI
Financial Security. For Life.

Sponsorship Agreement
ACLI 2018 Annual Conference- October 7-9, 2018
Renaissance Washington DC Downtown

Company _____

Contact Person _____

Title _____

Phone _____ Fax _____ Email_____

Address _____

_____

City _____ State _____ Zip _____

Sponsorship 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 signed 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. Please note, no refunds are available. If you have questions, contact Elizabeth Cookson, Assistant Vice President, Conference Development at 202-624-2404 or email at elizabethcookson@acli.com.

☐ Preferred payment method wire transfer. Date of wire submission _____

☐ Enclosed is a check made payable to the American Council of Life Insurers in the amount of $_____.

☐ Please charge $_____ to: ❑ American Express ❑ Discover ❑ MasterCard ❑ Visa

Credit Card Number _____

Expiration Date _____

Signature _____ Date _____

_____ _____

ACLI Representative Signature Date

Return Agreement and payment to:
American Council of Life Insurers
Elizabeth Cookson
101 Constitution Avenue, NW
Suite 700
Washington, DC 2001-2133
Phone: 202-624-2404
Fax: 202-624-2425
Email: elizabethcookson@acli.com