

COMPLIANCE & LEGAL SECTIONS ANNUAL MEETING 2020

JULY 13-15 | ARIA RESORT & CASINO | LAS VEGAS, NV



Sponsorship Agreement

Company _____

Contact Person _____

Title _____

Phone _____ Fax _____ Email _____

Address _____

City _____ State _____ Zip _____

Sponsorships Requested

Date	Event	Cost
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All sponsorships are granted on a first-come basis; telephone reservations will be held for three (3) business days pending receipt of contract 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 Geneva Barber, Director, Conference Services at 202-624-2312.

Cancellation Policy: All requests for refunds must be in writing. If your cancellation is received by **May 15, 2020**, ACLI will refund your sponsor fee less \$300 administrative charge and any charges already incurred by ACLI.

Force Majeure: The parties' performance under this Agreement is subject to events or occurrences beyond their control such as, but not limited to, acts of God, war or threat of war, government retaliation against foreign or domestic enemies, terrorism, governmental regulation, civil disorder, recognized health threats as determined by the World Health Organization, the Center for Disease Control or local health agency, disaster, fire, strikes either real or threatened, informational picketing, curtailment of transportation facilities, or other cause beyond the control of the parties making it from an economic, political, personal safety, or policy basis, illegal, inadvisable, impossible, or commercially impractical to hold the program, provide the facility, or provide the services outlined in this Agreement. The Agreement may be terminated, and/or specific nonperformance or underperformance may be excused, without liability or payment, for any one or more of such reasons by written notice from the Association.

- 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

• **A Credit card processing fee of 3.95% will be added for credit card charges**

Name on Card _____

Credit Card Number _____

Expiration Date _____

Sponsor Signature _____ Date _____

Return contract and payment to:
American Council of Life Insurers
Geneva Barber, Director
Conference Services
101 Constitution Avenue, NW;
Suite 700
Washington, DC 20001-2133

ACLI Representative Signature Date