

## **Sponsorship Agreement**

Company				
Contact Person _				
Title				
Phone	Fax		Email	
Address				
City		State	Zip	
	Spo	nsorships Rec	quested	
Date	Event			Cost
Date	Event			Cost
contract and payme Insurers has receive	e granted on a first-come basis; to ent. The sponsor agrees to subm ed a signed agreement and paym ntact Geneva Barber, Director, Co	it the applicable fee wi nent, a copy signed by	ith the agreement. Once the an ACLI representative will the	American Council of Life
Preferred p	payment method wire transfer. Date	e of wire submission		
Enclosed	is a check made payable to the Am	erican Council of Life Ir	nsurers in the amount of \$	
Please cha	rge \$ to: 🗆	American Express	Discover DasterCard D	Visa
•	A Credit card processing fee of 3.9	95% will be added for c	redit card charges	
Name on Card				
Credit Card Numbe	r			
Expiration Date				
Sponsor Signature			Date	
		ACLI Represent	tative Signature	Date
	of Life Insurers rector Conferences Services enue, NW; Suite 700 0001-2133 312 Fax: 202-624-2425		-	