



**Sponsorship Agreement**  
**Medical Section Annual Meeting – February 22-25, 2020**  
**Francis Marion Hotel, Charleston, SC**

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

All sponsorship 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 Geneva Barber, Director, Conference Services at 202-624-2312 or email at [genevabarber@acli.com](mailto:genevabarber@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

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

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
ACLI Representative Signature Date

Return Agreement and payment to:  
**American Council of Life Insurers**  
**Attention: Geneva Barber**  
**101 Constitution Avenue, NW; Suite 700**  
**Washington, DC 2001-2133**  
**Phone: 202-624-2312 Fax: 202-624-2425**  
**Email: [genevabarber@acli.com](mailto:genevabarber@acli.com)**