

## Senior Investment Managers Seminar (SIMS)



November 8–11, 2015

LOEWS VENTANA CANYON  
Tucson, AZ

### SPONSORSHIP AGREEMENT

Company \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

### SPONSORSHIP(S) REQUESTED

Date	Event/Item	Amount
------	------------	--------

First right of refusal from the previous year will be honored. 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 with sponsor instructions and deadlines.

If you have questions, contact Linda Cunningham, Vice President, Conference Development at 202-624-2405 or email [lindacunningham@acli.com](mailto:lindacunningham@acli.com).

#### If paying by credit card, please complete this section:

Name on Credit Card (please print) \_\_\_\_\_

☐ Please charge \$\_\_\_\_\_ to: ☐ MasterCard ☐ Visa ☐ Amex ☐ Diners Club ☐ Discover

Credit Card Number	Expiration	Signature	Date
--------------------	------------	-----------	------

☐ Enclosed is a check (U.S. Dollars only) made payable to the American Council of Life Insurers in the amount of \$\_\_\_\_\_.

**Return Check Payments to:** American Council of Life Insurers, Geneva Barber,  
Conference Development, 101 Constitution Ave., Ste. 700, Washington, DC 20001;  
Phone: 202-624-2424; Fax: 202-624-2425.

Company Representative Signature	Date	ACLI Representative Signature	Date
----------------------------------	------	-------------------------------	------