Sponsorship Agreement

Company _____

Contact Person _____

Title _____

Phone _____ Fax _____ Email _____

Address _____

_____

City _____ State _____ Zip _____

Sponsorships Requested

Date	Event	Cost

All sponsorships are granted on a first-come basis; emailed requests 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.

- ❑ 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 _____

_____ _____

Sponsor Representative Signature Date

Return contract and payment to:
American Council of Life Insurers
Geneva Barber, Director Conferences Services
101 Constitution Avenue, NW; Suite 700
Washington, DC 20001-2133
Phone: 202-624-2312 Fax: 202-624-2425
Email: genevabarber@acli.com

_____ _____

ACLI Representative Signature Date