



Compliance & Legal Sections Annual Meeting



July 11–13, 2016

FAIRMONT COPLEY PLAZA
Boston, MA

SPONSORSHIP AGREEMENT

Company _____

Contact Person _____

Title _____

Phone _____ Fax _____ Email _____

Address _____

City _____ State/Province _____

Country _____ Zip _____

SPONSORSHIP REQUESTS

Date	Event	Amount

All sponsorships are granted on first-come basis unless an agreement is made for first right of refusal for the following year; telephone reservations will be held for three business days pending receipt of 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. If you have questions, contact Elizabeth Carden, Managing Director, Conference Development at 202-624-2408 or email: elizabethcarden@acli.com

Cancellation Policy: All requests for refunds must be in writing. If your cancellation is received by **June 10, 2016**, ACLI will refund your sponsor fee less \$175 administrative charge.

Please charge \$_____ to: MasterCard Visa American Express Diners 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. Email: genevabarber@acli.com

Company Representative Signature	Date	ACLI Representative Signature	Date