



Forum 500 CEO Leadership Retreat



May 12–14, 2015

THE JW MARRIOTT
Washington, DC

Sponsorship Agreement

Company _____

Contact Person _____

Title _____

Phone _____ Fax _____ Email _____

Address _____

City _____ State _____ Zip _____

Sponsorship Requested

| Date | Event | Cost |
|------|-------|------|
| | | |
| | | |

| Date | Event | Cost |
|------|-------|------|
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All sponsorships are granted on a first-come basis; telephone reservations will be held for three (3) 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 Linda Cunningham, Vice President, Conference Development at 202-624-2405.

Enclosed is a check made payable to the American Council of Life Insurers in the amount of \$_____.

Please charge \$_____ to: American Express Diners Club MasterCard Visa

Credit Card Number _____

Expiration Date _____

Sponsor Signature _____ Date _____

ACLI Representative Signature Date

Return Contract and payment to:
American Council of Life Insurers
Linda Cunningham
101 Constitution Avenue, NW
Suite 700
Washington, DC 20001-2133
Phone: 202-624-2405
Fax: 202-624-2425