

Sponsorship Agreement 2020



I am confirming my organization for the following sponsorship level:

- CHAPTER Sponsor \$10,000
- PATRON Sponsor \$5,000
- BENEFACTOR Sponsor \$3,000
- FRIEND Sponsor \$1,500
- EXHIBITOR \$800

Administrative Contact (for administrative and payment correspondence):

Contact: _____ Title: _____
Company: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____ Website: _____

Public Contact (this information will appear in conference materials):

Contact: _____ Title: _____
Company: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____ Website: _____

I understand that this executed confirmation agreement becomes binding upon acceptance of the application and receipt of payment by AFP Massachusetts Chapter. Until receipt of executed contract and payment, sponsor benefits will not be applied.

Signed By: _____
Title: _____ Date: _____

Payment Instructions:

Please mail a signed agreement with payment to AFP MA Chapter, 465 Waverley Oaks Road, Suite 421, Waltham, MA 02452 or fax to 781-647-7222. Please make check payable to *AFP MA Chapter* or enter credit card information below. Alternatively, you may register online at: <http://www.afpmass.wildapricot.org/sponsorafpma>

Card Number: _____ Exp. Date: ____ / ____ / ____ CVC Code: _____
Cardholder Name (exactly as it appears): _____
Account Address: _____