

## CONTACT:

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COMPANY INFORMATI	ON	SPUNSURSHIP GUIDELINES	
		<ul> <li>Sponsorship payment is required in full upon return of this form.</li> <li>Confirmation will be returned to your company upon receipt of</li> </ul>	
Company name (as it should appe	ar in print)	<ul> <li>application and payment. No benefits will be given without full payme</li> <li>Cancellation: Your company may not cancel once sponsorship is confirmed and receipt is issued upon payment.</li> </ul>	nt.
Company website		<ul> <li>Sponsorship Agreement after the acceptance by ASB. Companies are liable for the contracted total and no sponsorship cancellation refunds with be granted due to ongoing promotions. In the case that a sponsored item or event is cancelled by ASB, then the amount paid for the specific sponsorship may be refunded to the sponsor or moved to a credit for the</li> </ul>	tem
Company street address		2025 annual conference.     Deadlines: Sponsors are responsible for adhering to the materials timelines, which includes submitting graphics, materials and any	
Company city / state / zip		handouts by the given deadlines, for inclusion in promotional materia and event signage.  Should the sponsor wish to change any logos/graphics after submission deadlines, any changes will be at the expense of the sponsor.	
Company phone		<ul> <li>Transfer of Benefits: Benefits are not transferable and are not redeemable for cash credits.</li> </ul>	
		Limited Liability: The liability of ASB for any act, error, or omission for	
SPONSORSHIP ITEM		which it may be legally responsible shall not exceed the cost of any capayment. ASB will not, in any event, be liable for consequential damag including, but not limited to lost income or profits.  Change, Cancellation, or Substitution of Benefits: ASB reserves the rigit	es,
Sponsorship 1		change, cancel, or substitute any promotional opportunity and/or advertising opportunity or benefit at any time. The sponsor will be not of the changes in writing. All efforts will be made to satisfy the sponso • See addendum for a complete list of benefits.	ified
Sponsorship 2  CONTACT INFORMATI	ON FOR PERSON COORDINATING	AUTHORIZATION  I am an authorized company representative with the full power and authority to sign and deliver this Sponsorship Agreement. I understand that this document	
SPONSORSHIP		represents the entire understanding and contract between parties.  By signing this agreement, I agree to abide by all rules and pay the amount for	
Person to receive all future corre	espondence regarding sponsorship graphics and	the sponsorship in full upon receipt of the invoice.	
		Name	
Contact name	Title		
		Title	
Telephone			
		Phone number	
E-mail			
TOTAL INVESTMENT \$		Email address	
TOTAL PAYMENT		Signature Date	
•		oignature Date	