

Conference Sponsorship Participation Contract

Conference Name: _____
Conference Date(s): _____
Location: _____

Sponsor Information

Organization Name: _____
Contact Person: _____
Email: _____
Phone: _____
Address: _____

Sponsorship Details

Sponsorship Level / Package: _____
Sponsorship Amount (\$): _____
Benefits / Entitlements: _____

Agreement

By signing below, the sponsor agrees to the terms and conditions of sponsorship participation and to provide payment as outlined above, subject to further discussion and confirmation.

Sponsor Authorized Signature

Date

Conference Representative Signature

Date