

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