



SPONSORSHIP AGREEMENT

Organization _____

Address _____

City _____ State/Province _____ Zip _____

Contact Person _____ Title _____

Email _____

Phone _____ Fax _____

SPONSORSHIP(S) REQUESTED

Event/Item: _____ Sponsorship Level: _____ \$ _____

Additional Event/Items: _____ \$ _____

Total Payment Amount: \$ _____

PAYING BY CREDIT CARD* – Complete this portion and e-mail completed agreement to Geneva Barber, ACLI or Email: GenevaBarber@acl.com

*A credit card processing fee of 3.95% will be added for credit card charges.

- American Express
 Visa
 MasterCard
 Discover

Card Number _____ Expiration Date _____

Cardholder’s Name _____

Cardholder’s Signature _____ Date _____

PAYING BY CHECK – Mail your completed agreement with check payable to American Council of Life Insurers, Geneva Barber
 American Council of Life Insurers, 101 Constitution Ave., Ste. 700 Washington, DC 20001

All sponsorships are granted on first-come basis unless an agreement is made for first right of refusal for the following year; telephone reservations will be held for three business days pending receipt of agreement and payment. The sponsor agrees to submit the applicable fee with the agreement. Once the ACLI has received a signed agreement and payment, a copy signed by an ACLI representative will be returned to you via email.

If you have questions, contact Geneva Barber, Director, Conference Services at (202) 624-2312 or GenevaBarber@acl.com.

Cancellation Policy: All requests for refunds must be in writing. If your cancellation is received by **Friday, November 5, 2021**, ACLI will refund your sponsor fee less \$300 administrative charge and any charges already incurred by ACLI.

NOTE: Sponsors may not conduct group functions, such as meetings, off-site events, receptions, or other similar activities, during times which conflict with any officially programmed meeting event.

Company Representative Signature	Printed Name and Title	Date
ACLI Representative Signature	Printed Name and Title	Date