

Sponsorship Webinar Agreement

Sponsoring Company _____

Contact _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Mobile _____ Fax _____

Email _____ Website _____

Webinar Dates (Please check desired months and indicate year)

- | | | | |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> January _____ | <input type="checkbox"/> April _____ | <input type="checkbox"/> July _____ | <input type="checkbox"/> October _____ |
| <input type="checkbox"/> February _____ | <input type="checkbox"/> May _____ | <input type="checkbox"/> August _____ | <input type="checkbox"/> November _____ |
| <input type="checkbox"/> March _____ | <input type="checkbox"/> June _____ | <input type="checkbox"/> September _____ | <input type="checkbox"/> December _____ |

Rate = \$3,500 x _____ webinars = Total due \$ _____

Payment Options A prepayment is required 30 days prior to the scheduled webinar date.

- | | | |
|---|---|---|
| <input type="checkbox"/> Check (enclosed) | <input type="checkbox"/> Invoice advertiser | <input type="checkbox"/> Invoice ad agency |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> VISA | <input type="checkbox"/> American Express <input type="checkbox"/> Discover |

Account number _____ Expiration date _____

Name on card _____

Authorized signature _____

**Cancellations must be received in writing at least 15 days prior to the scheduled webinar date to receive a 50% refund (\$1,750).
Cancellations received with less than 15 days' notice will not be refunded.**