

SPONSORSHIP AGREEMENT



Company Name: _____

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Contact: _____ Email: _____

Phone: _____ Fax: _____ Website: _____

Sponsorship Item Selected: _____

Description of Item/Package Offered:

Deliverables:

- All sponsors are required to send both a JPG AND a VECTOR file of their current Company's logo when returning their signed contract.
- Should the Sponsor's logo/branding change prior to production of signage, it is up to the sponsor to provide the new artwork to AFCI.
- AFCI will provide a confirmation of all deliverables and deadlines for the selected sponsorship package along with payment confirmation.
- For sponsorship items that require graphics beyond the company's logo, if additional branding/graphics are not received by the deadline dates provided, AFCI reserves the right to use the company's logo submitted at the time of contracting.
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Deliverable Contact (if different from main contact above):

Name: _____ Phone: _____

Email: _____

Total Cost of Sponsorship Package: \$_____ (Payment is due in full with signed contract)

Cancellation of Sponsorship: Should the Exhibitor be unable to fulfill and use the sponsorship contracted for, AFCI must be immediately notified in writing. AFCI will retain 100% of the Sponsorship cost unless the Sponsorship can be resold, at which point the following charges will be assessed: AFCI retains 0% if cancellation and rebooking of sponsorship occurs prior to June 1, 2018. After June 1, 2018 Sponsor agrees that all payment is retained by AFCI, even if the sponsorship is sold after that date, and that the Sponsor is legally obligated to remit any unpaid balance for such sponsorship. In addition, any monies paid out by AFCI to fulfill sponsorship obligation prior to cancellation will be kept.

I am in agreement of all of the terms listed above.

Signed: _____ Date: _____

Printed Name: _____ Company Name: _____

Payment Authorization:

Total Amount to be charged: \$ _____

Payment Options: AMEX MC VISA DISC

Account Number: _____ Exp Date: _____ CCV: _____

Card Holder Name: _____ Signature: _____

Billing Address: same as above
_____ City: _____

State/Province: _____ Zip/Postal: _____ Country: _____

Please send signed contract back to the AFCI office along with full payment and both a JPG AND VECTOR file of your company's current logo. All documents and graphics may be emailed to sales@afci.global. If you prefer to fax, or mail, your contract and payment please do so at:

Fax: (201) 797-0657 Mailing Address: AFCI; 319 E. 54th St.; Elmwood Park, NJ 07407

Questions? Please contact:

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