SPONSORSHIP AGREEMENT

Executive Education Sponsorship 2024

With the memorandum of agreement, made this		
day of (month), (year), Credit		
Union Executives Society, hereinafter known as CUES®, and:		
COMPANY NAME (as it will appear in promotional materials.)		
ADDRESS		
CITY, STATE/PROV., ZIP		
WEBSITE ADDRESS		
LINKEDIN		
@		
TWITTER		
TELEPHONE		
FAX		
DIRECT FUTURE CORRESPONDENCE TO (NAME)		
CONTACT TITLE		
EMAIL ADDRESS OF CONTACT		

hereinafter known as "Sponsor," in consideration of sponsorship fees for each conference, CUES hereby allows above company to attend and receive all sponsorship benefits at indicated events. All restrictions, specified for each event, apply.

INSTITUTE SPONSORSHIPS ARE AVAILABLE TO

CUES SUPPLIER MEMBERS ONLY.

CALL FOR MEMBERSHIP INFORMATION OR TO JOIN.

Institute Sponsorships

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Sponsor all three sessions (\$35,000)	= \$
CEO Institute I April 7–12, 2024 University of Pennsylvania The Wharton School (\$15,000) Dinner Sponsorship (\$5,000)	= \$ = \$
CEO Institute II May 5–10, 2024 Cornell University Samuel Curtis Johnson Graduate School of Management (\$15,000) Dinner Sponsorship (\$5,000)	= \$ = \$
CEO Institute III April 28 - May 3, 2024 University of Virginia Darden School of Business (\$15,000) Dinner Sponsorship (\$5,000)	= \$ = \$
CEO Institute III July 28 - August 2, 2024 Cornell University Samuel Curtis Johnson Graduate School of Management (\$15,000) Dinner Sponsorship (\$5,000)	= \$ = \$
Processing Fee TOTAL AMOUNT	= \$ 15 = \$

Agreement

I, the duly authorized representative of the undersigned organization, on behalf of said organization, subscribe and agree to all terms, conditions, authorizations and covenants contained in this Sponsorship Agreement, the incorporated CUES Contract Terms and Regulations and the CUES Sponsor Code of Ethics.

ACCEPTED BY SPONSOR

Signature		
Title	Date_	
ACCEPTED BY CREDIT UN	IION EXECUTIVES SOCIETY	
Signature		
Title	Date	
Payment		
☐ My payment (in U.S. fun	ds only) of \$	is enclosed.
☐ Charge \$	to my	☐ American Express
Credit card number		
Expiration date	Security Code (CSC)
PRINT NAME AS IT APPEAR	S ON CARD	
AUTHORIZED SIGNATURE		

Mail your payment along with the Sponsorship Agreement to:

CREDIT CARD BILLING ADDRESS

Credit Union Executives Society P.O. Box 14167

Madison, WI 53708-0167 Attn: Kari Sweeney Or Email to kari@cues.org

Payment Policy – Terms are net 30 days from invoice date. Firms with invoices not paid in full 30 days prior to start of conference may lose sponsorship benefits.

 $\begin{tabular}{ll} \textbf{Cancellation Policy} - 50\% & deduction on sponsorship fees will be made on cancellations received in writing 30 days prior to start of conference. No refunds will be issued within 30 days of start of conference. \\ \end{tabular}$