Event Sponsorship

Executive Education Sponsorship 2024

SPONSORSHIP AGREEMENT

With the memorandum of agreement, made this	Institute Sponsorship
day of (year), Credit Union Executives Society, hereinafter known as CUES®, and:	Governance Leadership Institute June 9–12, 2024 University of Toronto
COMPANY NAME (as it will appear in promotional materials.)	Rotman School of Management (\$10,000) Dinner Sponsorship
ADDRESS	(\$5,000)
CITY, STATE/PROV., ZIP	Governance Leadership Institute June 12–14, 2024 University of Toronto
WEBSITE ADDRESS	Joesph L. Rotman School of Management (\$10,000)
LINKEDIN	
@ TWITTER	Sponsor both Governance Leader Institute I and Governance Leader Institute II
TELEPHONE	(\$16,000)
FAX	 Processing Fee
	TOTAL AMOUNT
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.	

•

Governance Leadership Institute™ June 9–12, 2024 University of Toronto Rotman School of Management (\$10,000) Dinner Sponsorship (\$5,000)	I = \$ = \$
Governance Leadership Institute™ June 12–14, 2024 University of Toronto Joesph L. Rotman School of Management (\$10,000)	II = \$
Sponsor both Governance Leadersh Institute I and Governance Leadersh Institute II (\$16,000)	
Processing Fee TOTAL AMOUNT	= \$15.00 = \$

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

Title	Date	
ACCEPTED BY CREDIT UNION	EXECUTIVES SOCIETY	
Signature		
Title	Date	
Payment		
□ My payment (in U.S. funds o	nly) of \$ is enclosed.	
🗆 Charge \$to	o my 🛛 Visa 🗇 MasterCard 🗇 American Express	
Credit card number		
Expiration date	Security Code (CSC)	
PRINT NAME AS IT APPEARS ON	CARD	
AUTHORIZED SIGNATURE		
CREDIT CARD BILLING ADDRESS		
Mail your payment along with the Sponsorship Agreement to:	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.

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.