2020 Inclusiv Conference Sponsorship Agreement

SPONSORSHIP AGREEMENT

This agreement is made between Inclusiv and ________________________________.

Inclusiv agrees to recognize your organization as an official sponsor of the 2020 Inclusiv Conference held on May 4-6, 2020 in San Juan, PR, based on the above-mentioned recognition.

Please fill out the information below:

<table>
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<tr>
<th>Company:</th>
<th>Phone:</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Email:</td>
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<tr>
<td>City/St/Zip:</td>
<td>Fax:</td>
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<tr>
<td>Contact:</td>
<td>Title:</td>
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Sponsorship Package(s):

Above, please identify one or more option from the attached 2020 Sponsorship Opportunities list.

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<th>Sponsorship Total:</th>
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NOTE: Please register all of the representatives from your organization attending the conference. The number of complimentary registrations you receive is based on your level of sponsorship. Use promo code SPONSORAC20 at checkout for complimentary registration.

TERMS AND CONDITIONS

1. Sponsorships of various activities are available on a first-come, first-served basis to customers, vendors and exhibiting companies. Offers will be confirmed through the submission of a signed copy of this agreement and upon receipt of full payment.

2. Please send your organization’s color logo, in both EPS format (for printed materials) and JPEG or PNG format (for web use), to Alana Gates at alana@federalconference.com.
3. **Sponsorship payment** – Full payment of sponsorship fees must be received no later than (60) SIXTY DAYS prior to event. Failure to pay the total sponsorship amount by this date may be considered a cancellation of sponsorship by Inclusiv.

**Payment methods**: Check, American Express, Visa or MasterCard accepted. Please make checks payable to: Inclusiv.

**AUTHORIZATION**

To use a credit card, please provide the following information:

- Card Issuer: ________________________________
- Card Number: ________________________________
- Expiration Date: Month ________________ Year _______
- Name as it Appears on Credit Card: ________________________________

By signing this sponsorship agreement, the sponsoring company states that they have read and voluntarily agree to the terms of the agreement:

- Sponsor Representative: ________________________________
- Date: ________________________________

Please email the completed sponsorship form to:

Jules Epstein-Hebert, Membership Engagement Manager
Inclusiv
39 Broadway, Suite 2140
New York, New York 10006
jhebert@inclusiv.org