Sponsorship Contract

NECCD 77th Annual Training Institute
Mystic Hilton ~ Mystic, Connecticut
October 2-5, 2016

Return this form with payment to:
NECCD Vendor Chair FEIN 22-2482926
PO Box 378
Seekonk, MA 02771-0378
Email: joday@sdw.state.ma.us or john.mcgrimley@jud.state.ma.us

Company Name____
PLEASE PRINT OR TYPE (Exactly as you want to be listed)

SPONSORSHIP____
(Event, products or services)

Contact information

Designate below the name of the person in your organization who is to receive all relevant materials.

Company Representative ____ Title ________________________

Address ____

City ____ State _________________ Zip __________________

Phone ____________________________ Fax ____________________ Email ________________________

Company's Website Address ____

I hereby represent that I am authorized to submit this Individual Sponsorship Contract on behalf of my company; that I have read, understand and agree on behalf of my company to be bound by the terms of the contract and specifications outlined in the attached letter. The information provided herein is true and I understand that this Contract is complete only when accepted by NECCD.

Authorized agent for sponsoring company:

____ ______________________________________
(Signature) (Date)

Sponsorship Event (i.e. Social Event, Award Lunch, Continental/Member Breakfast) $ _________________

Sponsorship Preference: __________________________________

Total Enclosed: $ ____________________

Credit Card Type (circle): AMEX / MasterCard / Visa only Credit Card # __________________________Exp. Date: ______

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Office Use Only

Date Received _________________________ Amount of Payment ___________________ Booth Assignment __________