



Sponsorship Contract

Organization Information

Organization Name (as it should appear on booth sign -- limited to 40 characters and spaces)		
Point of Contact (for fees and exhibitor service kit)	Title	
Street Address		
City	State	Zip Code
Telephone	Fax	E-mail

Sponsorship Opportunities:

- | | | | |
|--|---------|--|---------|
| <input type="checkbox"/> Executive Partner | \$5,000 | <input type="checkbox"/> Silver Partner | \$3,000 |
| <input type="checkbox"/> Bronze Partner | \$1,650 | <input type="checkbox"/> Associate Partner | \$750 |

Each sponsorship level is outlined in detail on the sponsorship prospectus.

Sponsor to provide:

- Logo in EPS format **upon signed agreement**
- Any additional content, logo, company abstract as needed per the sponsorship level benefits. (due no later than February 1, 2015)

Total Amount Due: _____

IMPORTANT NOTICE: Rules and regulations

Sponsor agrees to pay 100% of the sponsorship fee within 7-10 days of submission of this contract. Should the sponsorship payment not be received after ten (10) days, AFEI reserves the right to cancel this sponsorship agreement and resell this sponsorship to another company.

AFEI reserves the right to cancel the sponsored item or event. In the event of such cancellation, Sponsor will be notified in writing and shall receive a full refund. Parties agree that in the event of such cancellation, the Sponsor's sole remedy against AFEI shall be the refund of monies paid by Sponsor to AFEI pursuant to this agreement.

Payment: Total amount is due with contract. Purchase Orders are not accepted as payment. This contract is your invoice. All payments are due upon receipt in order to confirm sponsorship.

Cancellations: Written notice of cancellation is required. For cancellations received prior to February 20, 2015, the sponsor company will be responsible for a 50% penalty fee of the total sponsorship value. For cancellations received after February 20, 2015, the Sponsor company will be responsible for a 100% penalty fee of the total sponsorship value.

Check (payable to NDIA, Event #5A06-2180)

VISA

Diners Club

MasterCard

American Express

Credit Card Number _____

Expiration Date _____

Authorized Signature _____

Address if different from above:

Address: _____

City: _____ State: _____ Zip: _____

The undersigned agrees to abide by the rules and regulations for this sponsorship and promotional partnership set forth within this contract.

AUTHORIZED SIGNATURE

DATE