

Sponsorship Agreement

Please complete this sponsorship agreement in full and return with appropriate payment.
Written confirmation will be sent upon approval by the AAE.

Company Information (Used for Mobile App)

Company Name (as it should appear in print)

Alphabet letter under which you would like your company name to be listed

Address

City State/Country Zip/Postal Code

Phone Website

Contact Information

Contact Name Contact Title

Contact Information (if different from company information)

Address

City State/Country Zip/Postal Code

Phone Email (Required)

Purchases

Corporate Attendance Package: \$ _____

Additional Corporate Representatives: _____ x \$ 500 = \$ _____

Sponsorship Opportunity Selected (list in below box): \$ _____

Please total amounts above

TOTAL PACKAGE COST: \$ _____

The company or individual listed on this application agrees to comply with all the policies, terms and regulations outlined in the **General Information**, which is part of this contract. We further acknowledge that the AAE reserves the right, in its absolute discretion, to reject this contract. This application shall not become a binding contract until fully executed by both parties.

Authorized by (print name)

Title

Signature

Date

Payment

Payment (in U.S. funds) will be accepted in the form of a check made payable to the American Association of Endodontists or a credit card, and must accompany this agreement.

Payment is by (please check one):

Check

Visa

MasterCard

American Express

Discover

Card Number

Expiration Date

CVC Code

Card Holder's Name (print)

Signature

Date

Note: Any credit card charge over \$5,000 will incur a 3% processing fee.