

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

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.