



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

 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 than company information)

 Address

 City State/Country Zip/Postal Code

 Phone Email (Required)

SUMMARY AND TOTAL FEES

The company or individual listed on this application agrees to comply with all the policies, terms and regulations outlined in the **Corporate Support Terms** 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

A 50 percent deposit (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.

Select: send me an invoice charge the credit card below for 50% charge the credit card below for the full amount

Payment is by (please check one): 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.