

Partner/Vendor Sponsor Agreement

Company _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Telephone _____ E-mail _____

Name _____ Title _____

Signature _____ Date _____
(Authorized Signature)

_____ Exhibit Booth Fee \$2500

Sponsorship (please x the appropriate one)

- | | |
|--|--|
| _____ Welcome Reception \$5,000 | _____ Wednesday Dinner, Laser Light Show \$7,500 |
| _____ Tuesday Social Hour \$3,000 | _____ Tuesday Breakfast \$1,000 |
| _____ Wednesday Social Hour— SOLD | _____ Wednesday Breakfast \$1,000 |
| _____ Tuesday Lunch \$1,500 | _____ Wednesday Lunch \$1,500 |

Terms & Conditions

Payment is DUE IN FULL upon receipt of this signed agreement by CHECK or a PURCHASE ORDER number. After September 28, payment is non refundable.

I, _____ agree to these terms & conditions.
(Please print your name and title)

Signature: _____

Method of Payment – (circle one)

Credit Card Account Number _____ Expiration Date _____
Name on Card _____

Check Purchase Order# _____ Total Amount Due \$ _____

If you have additional employees attending, please fill out the attendee Registration form. Once both are completed, please fax them to 770.874.7863 or you may email them to kim.malek@obvient.com.

Checks should be made payable to Obvient Strategies, Inc.

Mail to:

Obvient Strategies, Inc.
2550 Northwinds Parkway, Suite 250
Alpharetta, GA 30009
Attn: Kim Malek

If you have any questions regarding this form please call: Kim Malek 678-336-1472 x 116