Sustainability360
2022 ARCS Virtual Conference

PARTNERSHIP AGREEMENT

PARTNERSHIP AGREEMENT for the company listed below at the ARCS 2022 Virtual Conference. This agreement becomes valid only after being signed by Supporters and a confirmation has been issued by Show Management.

COMPANY NAME (Print name as you wish it to appear in the Final Program)

STREET ADDRESS

CITY ST ZIP

COUNTRY

CONTACT PERSON

PHONE FAX

E-MAIL

WEBSITE

Is this your first time supporting ARCS Biennial Conference?

Yes or No

TIER SUPPORT OPPORTUNITIES

Choose Tier

INDIVIDUAL SPONSORSHIP OPPORTUNITIES

- ☐ Product Theater (Shared Time) $3,000.00
- ☐ Board Room Meeting $5,000.00
- ☐ Roundtable Meeting $2,000.00
- ☐ In-Person Reception $5,000.00 | $3,000.00 Shared
- ☐ Get Social with "The ARCS" $750.00
- ☐ Conference Slide $1,500.00
- ☐ Know Before You Go Insert $500.00

TOTAL SPONSORSHIP COST: $ _____

PAYMENT

Important: We are enclosing with this application a deposit of 50% of the total sponsorship. We agree to pay the balance by **November 18, 2022.** Your signature on this form allows ARCS to retain your credit card number in the file for an automatic debit in the amount of the total balance due on **November 18, 2022.** If you do not want this credit card to be charged, your check for the balance due must be received before **November 18, 2022**.

TOTAL SPONSORSHIP $ _____

PRICE 50% DEPOSIT DUE $ _____

*No sponsorship will be confirmed without the required 50% deposit

Cancellation Policy: Sponsors shall give written notice of cancellation. It is agreed that A) if a company cancels its sponsorship 30 days or more prior to the opening date of the meeting, the deposit shall be retained. B) If a company cancels its space less than 30 days prior to the opening date of the meeting, the company will be responsible for paying the entire sponsorship cost and ARCS reserves the right to re-sell opportunity.

PLEASE MAKE CHECKS PAYABLE IN U.S. FUNDS, DRAWN ON A U.S. BANK TO:
ARCS 2022 Virtual Conference
Mail payments to: ARCS 2022 Virtual Conference
Talley Management Group, Inc.
19 Mantua Road, Mount Royal, NJ 08061

Credit Card Payment: ☐ American Express ☐ MasterCard ☐ Visa

Please provide credit card number and expiration date below.

Cardholder (please print):_____

Authorized Signature: _____

Amount: $ _____ CVV# _____

Signed and accepted by AUTHORIZED AGENT of Exhibitor:

_____ Date _____

Signed and accepted by Exhibit Management:

_____ Date _____

OFFICE USE ONLY

Check # _____ Amount $_____

CC Authorization # _____

SPONSORSHIP LEVEL:
☐ Tier I ☐ Tier II
☐ Tier III

Credit Card Information

CARD NUMBER EXPIRATION DATE CVV #