

IRI GOVERNMENT, LEGAL & REGULATORY CONFERENCE 2013 SPONSOR AGREEMENT

Company Name: _____

Title: _____

Pre-Conference Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Please indicate sponsorship level:

Chairman President Director

Please indicate sponsored item: _____ Price: _____

Payment Information

Please indicate appropriate method of payment: Check Enclosed* Credit Card **TOTAL AMOUNT DUE: \$** _____

Card Number: _____ Exp. Date: ____ / ____ / ____ CVV: _____

Name of Cardholder: _____

Signature _____

No refunds will be given for cancellation of advertising or sponsorships. I understand my credit card will be charged for the items I have selected, according to my membership status. By signing this form, I authorize IRI to charge my credit card for the appropriate fee based on my member status, as set forth above.

Please return these forms with payment to::

IRI

1101 New York Avenue, NW, Suite 825 • Washington, DC 20005
or fax to (202) 469-3030, Attention: Conferences

**Checks should be made payable to: Insured Retirement Institute*

Office Use Only

Date Rec'd: ____ / ____ / ____

Date Pymnt Rec'd: _____

Booth # Assigned: _____