



SLA ANNUAL CONFERENCE 2005 AGREEMENT

From: Lashawn Charlton
Director, Fund Development
Address: 331 South Patrick Street
Alexandria VA 22314-3501
Telephone: 703-647-4942
Fax: 703-647-4901

TERM:

This agreement is effective as of _____ (date) and shall remain effective until the Event ends on June 8, 2005, or until terminated by either party. Sponsor may terminate this agreement at any time by notifying SLA in writing or by email. No refund of any Sponsorship fees shall be paid upon termination by sponsor. SLA may terminate this agreement at any time by notifying the sponsor in writing or by email. Upon such termination, SLA shall return to the Sponsor that portion of the Sponsorship fees pro-rated for the amount of time still remaining in the sponsorship period. This agreement defines the terms under which SLA and _____ ("Sponsor") enter into a sponsorship agreement for the SLA 2005 Annual Conference ("Event").

LIMITED LICENSE:

SLA grants Sponsor a limited license to use any of the artwork on the Event site for the purpose of promoting the Event and linking to the Event site. Sponsor grants SLA a limited license to use Sponsor's logo in conference promotional materials and on the Event site.

Miscellaneous:

This Agreement shall become effective on the date signed below and will remain in effect until all responsibilities set out are fulfilled. The parties acknowledge that they will use their best good faith efforts to negotiate and resolve subsequent issues that may arise from this Agreement as a result of unforeseen occurrences and that may alter the conditions of this Agreement; provided, however, that this shall not mandate a resolution of such issues. Under this Agreement, the sponsor agrees to pay any additional sponsorship expenditures, with regards to production, artwork, shipping and handling.

Please list Sponsorships:

Investment:

1.	\$
2.	\$
3.	\$
4.	\$
Total:	\$

Total cost must be paid 30 days prior to the Event

Please invoice me; my company will pay by check.

Please charge the total amount due to my corporate card-- Visa MasterCard AMEX

CC # _____ Expiration Date: _____

Bill To:

Company:	
Street:	
City:	State: Zip:
Telephone:	Fax:
Contact	E-mail

Please sign and fax to Lashawn Charlton at (703) 674-4901. Also, please follow up by email at Lcharlton@sla.org within 24 hours of sending this fax to ensure that the contract was received?

Agreed to by:	Agreed to by:
Company Name: Special Libraries Association	Company Name:
Date:	Date: