



## Sponsorship Agreement

Date \_\_\_\_\_

**Community Name:** \_\_\_\_\_

\_\_\_\_\_ is pleased to partner with \_\_\_\_\_ on the \_\_\_\_\_  
(Community Name) (Company Name) (Sponsorship Level)  
of the \_\_\_\_\_.  
(Event Name)

**Main Sponsorship Contact:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Billing Contact: (if different)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sponsorship Details:**

Event Name \_\_\_\_\_

(Sponsorship Name/Level) \_\_\_\_\_

**Benefits:**

**Total Amount:**

**Sponsorship Commitment:**

By signing below, you agree to the benefits detailed above. Please sign the commitment below and return a copy of this agreement to [sgiracca@sla.org](mailto:sgiracca@sla.org). Upon receipt of the signed agreement, an invoice will be generated, and payment must be paid within 30 days. No refunds unless event is cancelled. Thank you again for your support of the Special Libraries Association

Name: \_\_\_\_\_ Title \_\_\_\_\_

Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_