

**Sponsorship Contract**  
NECCD 72<sup>ND</sup> Annual Training Institute  
Hilton Mystic, Mystic CT.  
October 2-5, 2011

**Hilton Mystic**  
20 Coogan Blvd.  
Mystic, CT

**Return this form with payment to:**  
NECCD Vendor Chair      FEIN 22-2482926  
PO BOX 869  
Email: [joday@sdw.state.ma.us](mailto:joday@sdw.state.ma.us) or [neccd.org@gmail.com](mailto:neccd.org@gmail.com)

**Company Name** \_\_\_\_\_

**PLEASE PRINT OR TYPE** (Exactly as you want to be listed)  
**SPONSORSHIP** \_\_\_\_\_  
\_\_\_\_\_ (Event, products or services)

**Contact information**  
Designate below the name of the person in your organization who is to receive all relevant materials.  
Company Representative \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Company's Website Address \_\_\_\_\_  
\_\_\_\_\_

I hereby represent that I am authorized to submit this Individual Sponsorship Contract on behalf of my company; that I have read, understood and agree on behalf of my company to be bound by the terms of the contract and specifications outlined in the attached letter; that the information provided herein is true and I understand that this Contract is complete only when accepted by NECCD.

**Authorized agent for sponsoring company:**  
\_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date)  
Sponsorship Event (i.e. Social Event, Luncheon, Breakfast, Coffee Breaks) \$ \_\_\_\_\_

Sponsorship Preference: \_\_\_\_\_

**Total Enclosed:** \$ \_\_\_\_\_  
**Credit Card Type (circle):** MasterCard / Visa only **Credit Card #** \_\_\_\_\_  
**Exp. Date:** \_\_\_\_\_

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**Office Use Only**  
Date Received \_\_\_\_\_ Amount of Payment \_\_\_\_\_  
Booth Assignment \_\_\_\_\_