Sponsorship Contract

NECCD 71st Annual Training Institute
Grand Summit Resort Hotel, Mount Snow, Vermont
October 3-6, 2010

Return this form with payment to:

Grand Summit Resort Hotel
89 Grand Summit Way
West Dover, VT 05356

NECCD Vendor Chair FEIN 22-2482926
PO Box 869
Haverhill, MA 01830
Email: joday@sdw.state.ma.us or 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 ______________