



Presented by Suzy Prudden International ~ 311 Main St., Suite E, El Segundo, CA 90245

310-640-8885 ~ suzypruddenoffice@yahoo.com

www.suzyprudden.com

Sponsorship Agreement

Event Date: Saturday and Sunday, January 24 & 25, 2015 9:30 am to 5:30 pm
LAX Area Hotel (To Be Announced)

(Please print the requested information below as it should appear in all printed materials and name badges.)

By Filling out the below information, you are agreeing to pay in full the amount indicated. At no time will refunds be negotiated.

Name Title: _____

Corporation/Business/Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____

Badge 1 Name: _____ Badge 2 Name: _____

Sponsor Price \$500.00 Special Event Price \$250.00

You will receive a 6 foot table. You will receive 2 chairs (if you need more, please advise). You will receive 2 passes to the event. You will receive an advertisement in the program (please send logo and copy for ad of what you want said in program about you and/or your product). In addition, please send a head shot and short, one paragraph, bio of how you would like to be introduced by Wednesday, January 7, 2015. You will receive 5 minutes on stage and you will be mentioned often.

You agree to promote the event through your email data base at least three (3) times (sample letter with appropriate registration information will be forwarded to you by December 22, 2014) social media, local face to face networking, etc. You agree to set up your table by 8:30 am and strike after the close of the event. You agree to have all materials (including tape, pens, paper clips, etc.) for your table. You agree to provide payment upon receipt of this agreement.

Signature of Authorized Representative: _____

Date: _____

Please make checks payable to: Suzy Prudden International

Mail or fax this agreement with check or Payment Authorization (on back) to:

Fax: 310-640-8889

Mail To: Suzy Prudden International
311 Main Street, Suite E.
El Segundo, CA 90245

Payment Authorization

Corporation/Business/Agency Name: _____

CHECK ENCLOSED: _____ CK No. _____

Or

(Circle Card Type)

VISA

MASTERCARD

AMEX

DISCOVER

Credit Card Number: _____

Credit Card Security Code: _____

Expiration Date: _____

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Cardholder Phone: _____

Being the cardholder or authorized representative, by signing below I specifically authorize Suzy Prudden to arrange a payment plan and/or charge my credit card according to the instructions specified above.

Sponsor Signature

Date

Suzy Prudden

Date

Mail or fax this authorization with Sponsorship Agreement (on back) to:

Fax: 310-640-8889

Mail: Money Mind Mastery
C/O: Suzy Prudden International
311 Main Street, Suite E
El Segundo, CA 90245