



# Association of Florida Colleges Council of Presidents Sponsorship Form

113 E. College Avenue • Tallahassee, Florida 32301  
PH: 850-222-3222 Fax: 850-222-2327

### Contact Information:

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_


Phone \_\_\_\_\_ email \_\_\_\_\_

Primary Event Representative: \_\_\_\_\_ Job title \_\_\_\_\_

Second Event Representative: \_\_\_\_\_ Job title \_\_\_\_\_

Primary Representative email address: \_\_\_\_\_

Second Representative email address: \_\_\_\_\_

SPONSORSHIPS	PRICE	METHOD OF PAYMENT 
<input type="checkbox"/> Afternoon Snack Break Sponsor .....	\$500.00	<input type="checkbox"/> CHECK
<input type="checkbox"/> Continental Breakfast Sponsor.....	\$750.00	<input type="checkbox"/> VISA
<input type="checkbox"/> Breakfast Sponsor.....	\$1,500.00	<input type="checkbox"/> MASTERCARD
<input type="checkbox"/> Lunch Sponsor .....	\$1,500.00	<input type="checkbox"/> AMERICAN EXPRESS
<input type="checkbox"/> Reception Sponsor .....	\$2,000.00	
<input type="checkbox"/> Dinner Sponsor.....	\$2,500.00	

CC# \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

**DEPOSIT POLICY:** Fees must be paid in full at time of registration.

**CANCELLATION POLICY:** Fees will be refunded in full if the notice of cancellation is received by AFC in writing thirty days prior to Event. Cancellation received seven days before Event will result in a refund of fifty percent (50%) of full registration fees. No refunds will be made on cancellations received six days prior to the Event or later.

I have read and agree to all terms and conditions stated in this sponsorship contract. By signing this contract, I agree to abide by all stated rules, requirements, deposit and cancellation policies.

Approved by \_\_\_\_\_  
(signature)

Job title \_\_\_\_\_  
Date \_\_\_\_\_

Please return completed form to: Adrienne Bryant, Exhibit and Sponsor Sales. eMail: abryant@myafchome.org