



2020 Virtual Annual Conference Sponsorship Contract

Updated 6/9/2020

My organization agrees to sponsor the **2020 CCAP Virtual Annual Conference, August 17 – 18, 2020** for the indicated amount.

- Blue Ribbon Conference Sponsor (\$7,500)**
- Red Ribbon Conference Sponsor (\$5,000)**
- White Ribbon Conference Sponsor (\$2,000)**
- Patron Conference Sponsor (\$1,000)**

You can expect an electronic confirmation immediately following receipt of your sponsorship contract as well as an outline of benefits and deadlines for materials needed by CCAP. Should you not receive a confirmation, please contact CCAP immediately to ensure that your contract has been received and processed. **All sponsorship contracts must be received 20 business days prior to the start date of the selected Conference to ensure full benefits are available. Should your organization be unable to fulfill its sponsorship contract, a written notice of cancellation must be sent to mglantz@pacounties.org 20 business days prior to the start date of the selected Conference to be released from this contract.** Cancellations received less than 20 business days prior to the start date of the Conference will be subject to an administrative fee of 20 percent of the sponsorship value.

Vendor participation as an associate member or sponsor shall not imply, nor be considered or presented as, an endorsement by CCAP of any service or product provided by the vendor. The Board of Directors of CCAP reserves the right, for cause shown, to disapprove an application, or terminate an existing membership. Use of CCAP logos, the words County Commissioners Association of Pennsylvania, or the phrase **The Voice of Pennsylvania Counties**, without the prior authorization and express written permission of CCAP, is prohibited. This includes use by vendors who engage with CCAP as associate members, sponsors, or partners in another engagement.

Please complete the information on the following page as you would like it to appear in printed materials.

Company Name: _____

Company Address: _____

City, State, Zip: _____ Website: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Authorized Signature: _____ Date: _____

Payment Information:

- Check enclosed (payable to CCAP)
- Invoice Requested
- Contact Me for Credit Card

Return your contract to Mandi Glantz at CCAP via email at mglantz@pacounties.org.