

IMSA
COMPLIANCE BEST PRACTICES WORKSHOP
September 10-12, 2008
The Camelback Inn – Scottsdale, AZ



INSURANCE MARKETPLACE
STANDARDS ASSOCIATION

SPONSORSHIP AGREEMENT

Company _____
Contact _____
Title _____
Phone _____ Fax _____
Email _____
Address _____
City _____ State _____ Zip Code _____

SPONSORSHIP REQUESTED

Date _____
Event _____
Amount _____

All sponsorships are granted on a first-come basis. Sponsor must submit completed agreement along with applicable fee. A confirmation letter will be sent to you once IMSA has received the signed agreement and payment. Please refer any questions to Margie Lopez at (240) 744-3025.

Please Charge \$_____ to: American Express MasterCard Visa

Credit Card Number Expiration Date

Billing Address City State Zip

Name as it Appears on Card Signature

Enclosed is a check made payable to IMSA in the amount of \$_____

Return to:

IMSA
Attn: Margie Lopez
4550 Montgomery Avenue, Suite 700N
Bethesda, MD 20814
Fax: (240) 744-3031
Email: MargieLopez@IMSAethics.org