



JCHRMA Meeting Sponsorship Application

Meeting Sponsor @ \$250 ea. Number Requested _____ Month(s) requested _____

I am specifically interested in visibility around (specific time of year): _____

Please provide the following information:

Company Name: _____ Contact Name: _____

Street Address: _____ City/State/Zip: _____

Phone Number: _____ E-Mail: _____

Date of Application: _____

Upon acceptance of your application, we will require your company ad/ logo artwork and the URL to be used in connection with sponsor promotion.

Please indicate preference for payment:

Check payable to JCHRMA is enclosed.

Invoice me

Please make checks payable to JCHRMA and send payment to:

JCHRMA
P.O. Box 307
Watertown, WI 53094

Payment Terms

Meeting Sponsor: Due 30 days prior to sponsored meeting.

Liability: Neither JCHRMA, SHRM, DWD, nor its agents or representatives, will be responsible for any injury, loss or damage that may occur to the sponsor or to the sponsor's employees or property or to the sponsor's invitees or licensees (visitors to the sponsor's exhibit) from any cause whatsoever. Under no circumstances will JCHRMA, SHRM, DWD or its agents or representatives be liable for lost profits or other incidental or consequential damages.

Sponsor Authorized Representative (please print): _____

Sponsor Signature: _____

Date: _____

Your signature verifies agreement to the terms and conditions set forth and the above information is accurate and complete.

Contact JCHRMA's Sponsorship Chair to confirm dates, availability and request additional information.

Sponsorship Chair, Robert Davis rsdavis@westernind.com, 920-261-0660 ext. 2185.