

Architectural Engineering Institute National Conference 2008:
Building Integration Solutions
SPONSORSHIP COMMITMENT FORM
Denver, Colorado – September 25-27, 2008
<http://content.asce.org/conferences/aei08>

Sponsoring Company's Name & Address:

ASCE Foundation
Attn: Ann Kashnikow
1801 Alexander Bell Drive, 3rd Floor
Reston, VA 20191
Phone: 703-295-6349
FAX: 703-295-6343

We are committed to the following sponsorship opportunity at the Architectural Engineering Institute National Conference 2008: Building Integration Solutions being held in Denver, Colorado, September 25-27, 2008:

Sponsorship Event: _____

Date: _____

Time: _____

Total Sponsorship Amount: _____

We agree to the following sponsorship terms and will complete our financial obligation according to the following schedule. Financial Terms (please check one):

- Due Upon Receipt of Invoice, -or-:
- First Installment of 50% Due by April 2, 2008: \$ _____
(Firm will be listed in Preliminary and Final programs.) If you are within 2 weeks of April 2, 2008, please fax this form to 703-295-6343, to make sure it is received in time to be recognized in the Preliminary Program. Final 50% due on August 6, 2008.
- Total Amount Due by August 6, 2008: \$ _____
(Firm will be listed in the Final Program.) If you are within 2 weeks of August 6, 2008, please fax this form to 703-295-6343, to make sure it is received in time to be recognized in the Final Program.

Make Check Payable to: ASCE FOUNDATION **Mark Check Memo Line:** AEI 2008 Sponsorship

Mail Check to: **ASCE Foundation**
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ATTN: Ann Kashnikow
1801 Alexander Bell Drive, 3rd Floor
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To Pay by Credit Card: Call Ann Kashnikow at 703-295-6349.

(As the ASCE Foundation is a 501(c) (3) tax-exempt non-profit organization, your gift is tax-deductible to the fullest extent of the law. For tax purposes, if you should wish to designate your gift as a charitable contribution, please refer to the value of each event for the amount of the gift, which is tax deductible. As a business expense, this amount may be treated as an ordinary and necessary expense.)

PLEASE COMPLETE:

Company Name as it is to appear in the Program: _____ **Date:** _____

Name of person bearing responsibility to make this financial commitment for the company: (Please Print)

Name (Mr. /Mrs. /Ms.): _____

Title: _____

Phone, fax, email, and Web: _____

Signature: _____

Comments: _____