

SPONSORSHIP COMMITMENT FORM
ASCE's 139th Annual Civil Engineering Conference
From Builders to Integrators – Civil Engineers Leading the Way
Kansas City, Missouri, USA
October 29-31, 2009
www.asceannualconference.org

Sponsoring Company Information

Company Name: _____
Company Address: _____
City, State, Zip: _____

Conference Contact Information

Name (Mr. / Mrs. / Ms.): _____
Title: _____
Phone: _____ Fax: _____
Email: _____
Website Address: _____

Contact Information:

Britt Wood
ASCE
1801 Alexander Bell Drive
Reston, VA 20191
Tel: (703) 295-6288
E-mail: bwood@asce.org

***Fax or email completed form to the
ASCE Foundation.***

Fax: (703) 295-6343
Email: ascefoundation@asce.org

We are committed to the following sponsorship opportunity at the ASCE 139th Annual Civil Engineering Conference in Kansas City, Missouri held October 29-31, 2009.

Event Information

Sponsorship Opportunity Level: _____ Total Sponsorship Amount: _____
Sponsorship Event: _____
Date: _____ Time: _____

We agree to the following sponsorship terms and will complete our financial obligation according to the following schedule;

- Due Upon Receipt of Invoice
(Firm will be listed in all blast email promotions, the Final Program and other marketing materials produced and distributed after June 30, 2009.)
- Full Payment Due by March 31, 2009: \$ _____ (*attached*)
(Firm will be listed in the Preliminary Program, if payment is **received** by March 31, 2009.) If you are within 2 weeks of this date, please fax this form to 703-295-6343, to make sure it is received in time.
- Full Payment Due by September 1, 2009: \$ _____ (*attached*)
(Firm will be listed in the Final Program, if payment is **received** by September 1, 2009.) If you are within 2 weeks of this date, please fax this form to 703-295-6343, to make sure it is received in time to be recognized in the Final Program.

Payment Information

Payment by Check

Make Check Payable to: **ASCE FOUNDATION**
Mark on check memo line: **2009 Annual Conference**

Mail Check to:
ASCE Foundation
ATTN: 2009 Annual Conference
1801 Alexander Bell Drive
Reston, VA 20191

Payment by Credit Card

Credit Card Type: _____
Credit Card Exp Date: _____
Credit Card#: _____
Card Holder Name: _____
Card holder Zip Code: _____
or contact Fred Spaziani at (703) 295-6348

Name and Signature of individual with the authority to make this financial commitment on behalf of the company: (*Please Print*)

Name (Mr. / Mrs. / Ms.): _____
Title: _____
Phone: _____ Fax: _____ Email: _____
Signature: _____