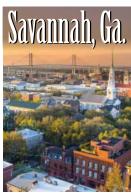


Deposit and Payment Information

A 50% deposit must accompany this contract. The deposit can be



Sponsor Contract

Company Information

Company Name:Address:	Mastercard, Visa, or American Express. Full payment for sponsorship
City: State: Zip:	— Credit Card Information
Country:Telephone:	☐ Mastercard ☐ Visa ☐ American Express
Website:	Card Number:
Contact Person:Title:	Expiration Date:
Contact Number:	Cardholder Name:
Email Address:	Cardholder Signature:
Sponsorship Level	Billing Address:
☐ Platinum Sponsor (incl. 4 registrations)\$25,000	City: State: Zip: Country:
☐ Gold Sponsor (incl. 3 registrations)\$15,000	
☐ Silver Sponsor (incl. 2 registrations)\$10,000	Make checks payable to: United Publications, Inc.
☐ Bronze Sponsor (incl. 1 registrations)\$5,000	We submit this contract and 50% deposit of the total sponsorship
☐ App sponsor\$3,500	fee and agree to pay the balance due no later than August 31, 2018.
Personnel - See above for # included	If this contract is submitted after August 31, 2018, the full sponsor- ship fee is due with the completed contract.
Name 1:	Name:
Email 1:	Signature:
Name 2:	Date:
Email 2:	Cancellation Policy
	Cancellation/reduction of sponsorship must be made in writing and sent to HME News Business Summit, PO Box 998, 106 Lafayette Street, Yarmouth, ME 04096.
Name 3:	Cancellation Date Cancellation Penalty
Email 3:	On or before 7/17/18\$500 administrative fee
Name 4.	7/18/18 - 8/17/1850% of originally contracted sponsorship fee
Name 4:	8/18/18 or later100% of originally contracted sponsorship fee
Email 4:	<u> </u>