



## 2016 II-VI WORKSHOP PROMOTIONAL PARTNERSHIP CONTRACT

**PAYMENT TERMS:** payment for partnership is due upon receipt of contract, Payment is non-refundable and failure to make payment does not release the contractual or financial obligation on part of the Partner. **Please make checks payable to II-VI workshop, sign and return contract and payment to:**

Alicia Waldron, Sales Executive  
 Palisades Convention Management, Inc.  
 411 Lafayette Street, Suite 201  
 New York, New York 10003

*A copy of this contract will be returned to you upon acceptance*

**PARTNERSHIP AGREED TO (Gold, Silver, Bronze):** \_\_\_\_\_

**TOTAL COST OF PARTNERSHIP: \$** \_\_\_\_\_

**ACCEPTANCE AS BINDING CONTRACT:**

**COMPANY/ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**NAME (PLEASE PRINT):** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**SIGNATURE BY AUTHORIZED REPRESENTATIVE DATE:** \_\_\_\_\_

By signature above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract on behalf of named partner.

If production is being handled by II-VI or PCM, 100% payment and artwork are due prior to order being placed.

**CREDIT CARD PAYMENT INFORMATION:**

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Contact Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Use by II-VI:</b>	
Partnership Assigned _____	Total Rental Fee \$ _____
Accepted for II-VI or Show Management _____	Date: _____