PARTNERSHIP APPLICATION/AGREEMENT

Business/Organization Name: _____

Business/Organization Representative Name & Title: _____

Address: _____

Telephone: _____

Email: _____

Website: _____

Partnerships Available

□ **Platinum Annual** $1,500   □ **Gold Annual** $750   □ **Meeting** $300

Legal Seminars

□ $500 Gold   □ $300

Summer Social   ## Winter Social

□ $500 Gold   □ $300   □ $500 Gold   □ $300

Partnership Month Requested: _____

Alternative Partnership Month Requested: _____

Special Notes/Requests: _____

_____

_____

PARTNERSHIP CHECKLIST

Please provide the following information to the LRSHRM Board of Directors as part of your partnership application:

- □ Logo must be provided in jpg, png or gif format.

- □ Provide a short write up of you and/or your business/organization to include in the program and/or introduction.

- □ Email this form, logo and the short write up to the **LRSHRM Director of Finance** at lynchburgshrm@gmail.com.

Once your completed partnership application has been received it will be reviewed by the Chapter Board of Directors which may take up to 30 days. Upon approval you will be invoiced for payment. Please indicate your preferred method of invoicing and payment. Once payment is received, LRSHRM will post the partnership information on the Chapter website.

Select invoice type:

- □ U.S. Mail
- □ Square
- □ Email (provide email if different than above): _____

Select payment type:

- □ Check
- □ Online payment with Credit Card via Square

Contact the Director of Finance for a W-9 Form via lynchburgshrm@gmail.com if needed.

Sponsorship/Vendor Cancellation Policy: Once payment has been made in full there will be no refund provided. The LRSHRM Board of Directors reserves the right to cancel any partnership opportunity at any time upon default by the partner/vendor in payment of invoice or in the event of any other breach of these terms and conditions by the partner/vendor. If there are any changes to this agreement after submission, a revised application must be completed and approved by the LRSHRM Board of Directors prior to the fulfillment of advertising and/or partnership opportunity.

FOR LRSHRM USE ONLY

Partnership Application Received By: _____ Date: _____

Partnership Payment Received By: _____ Date: _____