



## SPONSORSHIP APPLICATION/AGREEMENT

Business/Organization Name: \_\_\_\_\_

Business/Organization Representative Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**Annual \$750**       **Monthly \$250**

Sponsorship Month Requested: \_\_\_\_\_

Alternative Sponsorship Month Requested: \_\_\_\_\_

Special Notes/Requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# SPONSORSHIP CHECKLIST

Please provide the following information to the LRSHRM Board of Directors as part of your sponsorship 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 [LynchburgRegionalSHRM@outlook.com](mailto:LynchburgRegionalSHRM@outlook.com).

Once your completed sponsorship 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 sponsorship information on the Chapter website.

## Select invoice type:

- U.S. Mail
- PayPal
- Email (provide email if different than above): \_\_\_\_\_

## Select payment type:

- Check
- Online payment with Credit Card via PayPal

Contact the Director of Finance for a W-9 Form via [LynchburgRegionalSHRM@outlook.com](mailto:LynchburgRegionalSHRM@outlook.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 sponsorship opportunity at any time upon default by the sponsor/vendor in payment of invoice or in the event of any other breach of these terms and conditions by the sponsor/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 sponsorship opportunity.

---

## FOR LRSHRM USE ONLY

Sponsorship Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsorship Payment Received By: \_\_\_\_\_ Date: \_\_\_\_\_