

SPONSORSHIP APPLICATION/AGREEMENT

Business/Organization Na	me:		
Business/Organization Re	presentative Name & Title:		
Address:			
Telephone:			
Email:			
	□ Annual \$750	□ Monthly \$250	
Sponsorship Month Requ	ested:		
Alternative Sponsorship	Month Requested:		
Special Notes/Requests:			

SPONSORSHIP CHECKLIST

Please provide the following information to the LRSHRM application:	Board of Directors as part of your sponsorship
 Logo must be provided in jpg, png or gif format 	
 Provide a short write up of you and/or your busintroduction. 	siness/organization to include in the program and/or
 Email this form, logo and the short write up to lynchburgshrm@gmail.com. 	the LRSHRM Director of Finance at
Once your completed sponsorship application has been robifectors which may take up to 30 days. Upon approval your preferred method of invoicing and payment. Once payment information on the Chapter website.	ou will be invoiced for payment. Please indicate your
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 lynch	nburgshrm@gmail.com if needed.
Sponsorship/Vendor Cancellation Policy: Once payment provided. The LRSHRM Board of Directors reserves the rightime upon default by the sponsor/vendor in payment of iterms and conditions by the sponsor/vendor. If there are revised application must be completed and approved by fulfillment of advertising and/or sponsorship opportunity	ght to cancel any sponsorship opportunity at any invoice or in the event of any other breach of these any changes to this agreement after submission, a the LRSHRM Board of Directors prior to the
FOR LRSHRM USE ONLY	
Sponsorship Application Received By:	Date:
Sponsorship Payment Received By:	Date: