



# ISO 8000 Data Quality Conference Sponsorship Agreement

October 27 - 29, 2009  
Bethlehem, Pennsylvania

**Return form via fax or email to:**

ECCMA  
2980 Linden Street, Suite E2  
Bethlehem, PA 18017

Tele: +1.610.861.5990  
Fax: +1.610.625.4657  
Email: brittany.marmo@eccma.org

## Agreement\*/Contract for Sponsorship

<b>Company/Division</b>	
<b>Address</b>	
<b>Billing Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip/Postal Code</b>	
<b>Principal Contact/Title</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Accounting Contact/Title</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>Email</b>	

Our company would like to sponsor the following (may select more than one):

**TUESDAY October 27, 2009**

\_\_\_\_\_ Welcome Reception *Cost: \$1,500.00*

**WEDNESDAY October 28, 2009**

\_\_\_\_\_ Breakfast *Cost: \$550.00*

\_\_\_\_\_ Lunch *Cost: \$750.00*

**WEDNESDAY October 28, 2009 (cont.)**

**SOLD** Award Dinner *Cost: \$2,500.00*

**THURSDAY October 29, 2009**

\_\_\_\_\_ Breakfast *Cost: \$550.00*

\_\_\_\_\_ Lunch *Cost: \$750.00*

**PAYMENT INFORMATION:**

By check or money order made payable to ECCMA (checks must be in U.S. dollars drawn on a U.S. Bank)

By credit card     MasterCard     VISA     American Express

Card number: ..... Security code (on back of card).....

Exp. date...../..... Cardholder's name: .....

**Total Amount: \$.....**

You will receive an electronic invoice upon receipt of this completed sponsorship form. ECCMA requires a signature below. The undersigned is fully authorized to bind sponsoring company to this agreement.

**BINDING AGREEMENT:**

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Name (PLEASE PRINT) \_\_\_\_\_

Date \_\_\_\_\_

ECCMA Official Signature \_\_\_\_\_

Title \_\_\_\_\_

Name (PLEASE PRINT) \_\_\_\_\_

Date \_\_\_\_\_

***\*This agreement becomes a contract when duly signed by ECCMA.***

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