



2009 Mid-Year Conference  
Sponsorship Application and Agreement  
Fairmont Hotel Dallas  
Dallas, TX – October 14-15, 2009

Sponsorship: _____
Payment Rec'd: _____
Amount: _____
Accepted by: _____

**SPONSORING COMPANY INFORMATION**

(List company name and address EXACTLY as you wish it to appear in the Sponsor Listing in the 2009 Mid-Year Program.)

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COMPANY TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ WEB SITE ADDRESS \_\_\_\_\_

**DIRECT CONTACT INFORMATION**

(How the PRSM Association corresponds with you)

SPONSORSHIP CONTACT NAME \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP OR POSTAL CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL (REQUIRED) \_\_\_\_\_ ALTERNATE E-MAIL \_\_\_\_\_

**SPONSORSHIP CHOICES**

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Sponsorships are a valuable opportunity to get your company's name in front of 2009 Mid-Year Conference attendees and to heighten the awareness of the benefits you bring to retailers and to the industry.

A detailed description and benefits of the sponsorship are attached to this agreement.

**A SIGNED APPLICATION AND CONTRACT MUST BE RECEIVED AT THE TIME OF SPONSORSHIP SELECTION.**

**ALL SPONSORING COMPANIES MUST BE CURRENT PRSM ASSOCIATION MEMBERS TO SPONSOR the 2009 MID-YEAR CONFERENCE.**

**Return this application and full payment to:**

**PRSM Association  
PO Box 671247, Dallas, TX 75267-1247  
(972) 231-9810 TELEPHONE (972) 231-4081 FAX**

**CANCELLATION POLICY**

PRSM Association reserves the right to cancel this agreement if an initial 10 percent payment is not made at time of agreement or if the total space fee for participation shall not have been paid in full by August 17, 2009. Upon such cancellation for non-payment, PRSM Association shall be entitled to receive as liquidated damages from the sums paid on account of the contract. If the Exhibitor cancels this agreement 30 days prior to the event, Exhibitor shall be liable for the following charges for liquidated damages: 20 percent of the total space fee on this agreement. No refund will be given after that time. Cancellation becomes effective upon receipt, by PRSM Association, of written notice from Exhibitor or upon written receipt of notice to Exhibitor from PRSM Association.

**CONTRACT TERMS AND AGREEMENT**

Agreement: I am an authorized representative for this Sponsoring Company with full power and authority to sign this application and contract for sponsorship. The Sponsoring Company agrees that the agreement entered into between the PRSM Association and the Sponsoring Company shall be fully binding. The Sponsoring Company has read and understand the Cancellation Policy included with this contract and agrees to comply with the policy and with any modifications and amendments hereafter.

AUTHORIZED SIGNATURE\*\* \_\_\_\_\_ DATE \_\_\_\_\_  
**\*\*Authorized personnel also agree to adhere to the Rules and Regulations included with this contract.**



# 2009 Mid-Year Conference

Fairmont Hotel, Dallas, TX

October 14-15, 2009

## CREDIT CARD PAYMENT AUTHORIZATION FORM

IN PAYMENT OF: \_\_\_\_\_ AMOUNT TO PAY: \_\_\_\_\_

\_\_\_\_\_  
Contact Name Please print or type

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and ZIP code

\_\_\_\_\_  
Office Telephone

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

**PAYMENT METHOD:**    \_\_\_Amex    \_\_\_MasterCard    \_\_\_VISA

**If paying by credit card, the following section must be filled out in its entirety in order to process your request.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Credit Card Account Number Expiration Date

3. \_\_\_\_\_  
Credit Card Billing Address

4. \_\_\_\_\_  
City, State and ZIP code

**X** \_\_\_\_\_  
Cardholder's Signature

*Payment is not valid without signature, payment method checked and all four sections completed.*

### FOR FAXED PAYMENTS:

Please forward to:

PRSM Association  
Fax: 972.231.4081

Or, for more assistance, please contact us at:

Tel: 972-231-9810  
Email: [sales@prsm.com](mailto:sales@prsm.com)

### PRSM OFFICE USE ONLY

Processed Date: \_\_\_\_\_

Authorization Code: \_\_\_\_\_

Initials: \_\_\_\_\_