



## Chicago Roundtable Sponsorship Agreement

Thank you for your support of CSCMP. Please fill out this form completely, to ensure your company information is printed correctly in CSCMP's Chicago Roundtable sponsor related collateral.

### Company Information:

Company Name:  
Contact Name: Title:  
Address:  
City, State, Zip: ,  
Telephone: ( ) Fax: ( )  
E-mail Address:

**Company Description** (50 words or less, we reserve the right to edit for length or clarity):

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### Business Relationship

CSCMP Chicago Roundtable herein referred to as CSCMP Roundtable and \_\_\_\_\_(Sponsor) herein referred to as Sponsor are entering into an agreement for sponsorship of the \_\_\_\_\_(Event)

### Terms & Conditions

**Term:** This sponsorship agreement is effective for the term beginning [Insert event date].  
**Payment:** In consideration for being the sponsor of said event(s), Sponsor agrees to pay CSCMP Roundtable the sum of [Insert Sponsorship Amount] (\$ 0,000). The total cost must accompany this Sponsor Agreement.  
**Approval of Materials & Advertising:** All distributed and mailed materials as well as advertising & copy are subject to the approval of CSCMP Roundtable. CSCMP Roundtable shall have the right to decline to publish any advertising, which it reasonably considers to be misleading.  
**Printing:** It is the responsibility of the Sponsor to provide all marketing materials (e.g. signage, logo's, lanyards, etc.) and all required information to CSCMP Roundtable by the prescribe deadlines. These deadlines will be provided by CSCMP Roundtable within five (5) business days after the signing of the agreement and receipt of payment.  
**Assignment:** Neither party shall assign this Agreement to any person, corporation or other entity without the prior consent of the other party.

### Other terms:

**Cancellation Clause:** Should CSCMP Roundtable have cause to cancel this Event, notice must be given to Sponsor in writing immediately. Sponsor will be given the same sponsorship opportunity for another mutually convenient time.

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**Entire Agreement:** This Agreement is the final and complete understanding of the parties and supersedes all prior discussions, agreements and undertakings relating to the subject matter hereof. It is further agreed that this Agreement may not be amended, modified or supplemented in any respect except in writing signed by both parties. In the event either party is unable to carry out its material obligations under this Agreement by reason of "force majeure" (defined below) those obligations will be suspended during the continuance of the force majeure, provided the cause of the force majeure is remedied as quickly as practicable. The term "force majeure" means any event caused by occurrences beyond a party's reasonable control, including, but not limited to, acts of God, fire or flood, war, Federal, state, city or local governmental regulations, policies or actions enacted or taken subsequent to execution of the Agreement. If the force majeure extends for more than thirty (30) days, Sponsor or CSCMP Roundtable, as the case may be, will be entitled to terminate this Agreement upon written notice to the other party in which case CSCMP Roundtable will promptly refund a pro-rata portion of any monies paid by Sponsor to CSCMP Roundtable representing those benefits which are not realized by the Sponsor under this Agreement. Neither party will be responsible for the others lost profits, special, incidental or consequential damages incurred by the other in the event of termination of the Agreement due to the occurrence of a force majeure event.

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IN WITNESS WHEREOF, The parties have agreed to the terms and conditions of this Agreement as of the date written below:

**[Insert Sponsor Name]**

Authorized Signature:

\_\_\_\_\_  
Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*Upon signing of this agreement, the representative commits its organization to full payment of sponsorship.

**[Chicago Roundtable]**

Authorized Signature:

\_\_\_\_\_  
Name (Print): \_\_\_\_\_

**(President, VP-Programs or Secretary)**

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature:

\_\_\_\_\_  
Name (Print): \_\_\_\_\_

**(Treasurer)**

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**Submit payment and completed form to:  
CSCMP**

**Send a copy of the completed form to:**

Attention: Jason Sapet

Address:

125 Eisenhower Drive

Oswego, IL 60543

T: 630-527-4458

Email: [Jason.Sapet@molex.com](mailto:Jason.Sapet@molex.com)

**[Insert Sponsor Contact Information]**

Attention:

Address:

T:

F:

Email:

**Method of Payment:**

☑ Check\*

☑ Credit Card

☑ Money Order\*

\*Note: Checks, Money Orders and Cashier's

Check should be made out to **CSCMP [Chicago Roundtable]**.

**For more information please contact Don Kirchenberg 630-853-7650 email [qualogistics@aol.com](mailto:qualogistics@aol.com)**