

2025 Chapter Partner Program Registration Form

Please print or type. Send the completed form to sponsorships@caidc.org (Confirmations are based on email receipt time stamp). Forms are REQUIRED to be submitted via email for this purpose.

GENERAL INFORMATION:

Company _____

Primary Contact _____

E-mail _____

Billing Contact _____

E-mail _____

Address _____ Suite/P.O. Box _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Website _____

2025 CHAPTER PARTNERSHIP PACKAGE RATE:

Platinum (\$25,000) Gold (\$15,000) Silver (\$9,000) Bronze (\$6,000)

BILLING PREFERENCE: (Check one)

Annually Semi-annually Quarterly

PAYMENT: (Check one) PAYMENT

Check Enclosed (Payable to WMCCAI)

EFT/eCheck

VISA

MasterCard

American Express

Discover

CREDIT CARD INFORMATION:

Credit Card Number _____

Exp. Date _____

Card Holder's Name _____

Billing Zip Code _____

Note: Credit card payments for total invoices over \$2500 will incur a 4% credit card processing fee

PAYMENT TERMS

1. Any payment selection other than annually requires a credit card on file, to be charged if check payment is more than 90 days late.
2. For semi-annual or quarterly payments, the first payment will be processed when form is received. Additional payment schedule: Semi-annual June 1, 2024; Quarterly on April 1, July 1, and October 1, 2024.

With my signature below, I affirm that I am authorized to make the above commitment on my company's behalf. I have read and understand the benefits associated with this sponsorship and agree to pay in accordance with WMCCAI payment terms. I understand that this form becomes a contract when signed.

Authorized Signature _____

Date _____