

# SPONSORSHIP COMMITMENT FORM

OCTOBER 29 – NOVEMBER 1, 2019 • NATIONAL HARBOR, MD

**MY COMPANY WILL BE A SPONSOR OF AMCP NEXUS 2019.  
WE WOULD LIKE TO SPONSOR THE FOLLOWING ITEMS:**

*(Please type or print clearly)*

ITEM _____	FEE _____
ITEM _____	FEE _____
ITEM _____	FEE _____
ITEM _____	FEE _____
ITEM _____	FEE _____
TOTAL: \$ <input style="border: 1px solid black; border-radius: 15px; width: 150px; height: 25px;" type="text"/>	

## SPONSOR AND CONTACT INFORMATION

COMPANY NAME AS YOU WANT IT TO APPEAR IN THE PROGRAM — **IMPORTANT!** \_\_\_\_\_

NAME OF CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

DAYTIME TELEPHONE \_\_\_\_\_

E-MAIL ADDRESS [IMPORTANT!] \_\_\_\_\_

**SIGNATURE OF CONTACT** \_\_\_\_\_ **DATE** \_\_\_\_\_

Right of first refusal will be offered to each company that purchased a sponsorship at AMCP Nexus 2018. After these selections have been confirmed, all remaining sponsorship opportunities will be available on a first-come, first-served basis. Sponsorship will not be confirmed until written request is received. Payment in full is due within 30 days after sponsorship requests have been confirmed.

**Send this form and payment to:**

AMCP  
ATTN: Joshua Maze  
Assistant Director, National  
Meeting Sales

675 North Washington St.,  
Ste 220  
Alexandria, VA 22314  
or [jmaze@amcp.org](mailto:jmaze@amcp.org)

**For questions, Please Contact Joshua at:**

[jmaze@amcp.org](mailto:jmaze@amcp.org)  
Phone: 703/684-2619

# AMCP 2019 NEXUS

AMCP USE ONLY

DATE RECEIVED

- Bronze
- Silver
- Gold
- Diamond

Member:

\$ .....  
+ \$5,000 =

\$ .....

Non-Member:

\$ .....

NOTES

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