2017 SEBC SPONSORSHIP CONTRACT

Return completed contract along with deposit or full payment to FHBA, 2600 Centennial Place, Tallahassee, FL 32308 or Fax to 850.216.0858. For more information on sponsorships contact Kimberly Scott at 850.402.1850 or email kscott@sebcshow.com.

SPONSORSHIP INFORMATION

Company Name: Florida Housing Finance Corporation
Address: 227 N. Bronough ST, Ste. 5000
Phone: (850) 488-4198 Ext. 1203
Email: charles.white@floridahousing.org
Contact: Charles White
City: Tallahassee
State: FL
Zip: 32301
Website: www.floridahousing.org
Date: 06/05/2017
Authorized Signature:

ADDITIONAL SPONSORSHIP CONTACT

Contact Name: Jenny Marshall
Phone: (850) 488-4198 Ext. 1248
Email: Jenny.Marshall@floridahousing.org
Fax:

SPONSORSHIP SELECTION

All sponsorship selections requiring artwork must submit artwork at contract signing.
SEBC Mobile App artwork due by June 1, 2017.

☐ SEBC MOBILE APP: $5,000 (Exclusive Sponsorship)
☐ OFFICIAL POCKET PROGRAM: $3,500 (Exclusive Sponsorship)
☐ EDUCATION: $1,500 (2 Sponsorships)
  □ CEU Track 1 □ CEU Track 2
☐ FOOD COURT SPONSOR: $2,500 (1 Sponsorship)
☐ DINNER & PUB CRAWL:
  ☐ $12,000 (Exclusive Sponsorship)
  ☐ $3,500 (4 Sponsorships)
☐ CRAFT BEER TASTING STATION:
  ☐ $6,000 (Exclusive Sponsorship)
  ☐ $2,000 (3 Sponsorships)
☐ E-BLAST SPONSORSHIP (4 Sponsorships)
SEBCville AFTER DINNER BASH
  ☐ SEBCville BAND: $2,500
  ☐ DRINK STATIONS: $1,500 (4 Sponsorships)
  ☐ DESSERT STATIONS: $2,000 (2 Sponsorships)

CONTRACT AGREEMENT & PAYMENT OPTIONS

I have read and agree to abide by the 2017 SEBC Contract Terms. This becomes a binding contract upon acceptance of this signed contract. Any litigation arising from this agreement shall be brought in Leon County, Florida.

Authorized By (Signature Required): [Signature]
Title: General Counsel
Date: 6-5-17

Accepted By SEBC:
[Signature]
Title: Expo Hall Director
Date: 6-5-17

50% DEPOSIT OR TOTAL AMT DUE: $ [ ] Check [ ] MC [ ] ViSA [ ] AMEX [ ] Discover [ ] Invoice Me
Card #: ______________________ Expires: __________ Security Code: __________
Name on Card: __________________________ Signature: __________________________

Make check payable to FHBA and mail with form to 2600 Centennial Place, Tallahassee, Florida 32308.