



**Sponsorship Contract**  
 NECCD 84th Annual Training Institute  
 Mystic Hilton, Mystic, CT  
 October 15-18, 2023

**Return this form with payment to:**

NECCD Vendor Chair      FEIN 22-2482926  
 PO Box 891  
 North Andover, MA 01845  
 Email: [joday@sdw.state.ma.us](mailto:joday@sdw.state.ma.us) or [john.mcgrimley@jud.state.ma.us](mailto:john.mcgrimley@jud.state.ma.us)

**Company Name** \_\_\_\_\_  
**PLEASE PRINT OR TYPE** (Exactly as you want to be listed)

**SPONSORSHIP** \_\_\_\_\_  
 (Event, products or services)

**Contact information**

Designate below the name of the person in your organization who is to receive all relevant materials.

Company Representative \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Company's Website Address \_\_\_\_\_

I hereby represent that I am authorized to submit this Individual Sponsorship Contract on behalf of my company; that I have read, Understand, and agree on behalf of my company to be bound by the terms of the contract and specifications outlined in the attached letter. The information provided herein is true and I understand that this Contract is complete only when accepted by NECCD.

**Authorized agent for sponsoring company:**

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

Sponsorship Event (i.e. Social Event, Award Lunch, Continental/Member Breakfast) \$ \_\_\_\_\_

Sponsorship Preference: \_\_\_\_\_

**Total Enclosed:** \$ \_\_\_\_\_

**Credit Card Type (circle):** AMEX / MasterCard / Visa only **Credit Card #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

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*Office Use Only*

Date Received \_\_\_\_\_ Amount of Payment \_\_\_\_\_ Booth Assignment \_\_\_\_\_