

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

ADDITIONAL SPONSORSHIP CONTACT

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

SPONSORSHIP SELECTION

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

- | | |
|---|--|
| <input type="checkbox"/> SEBC MOBILE APP: \$5,000 (Exclusive Sponsorship) | <input type="checkbox"/> CRAFT BEER TASTING STATION: |
| <input type="checkbox"/> OFFICIAL POCKET PROGRAM: \$3,500
(Exclusive Sponsorship) | <input type="checkbox"/> \$6,000 (Exclusive Sponsorship) |
| <input checked="" type="checkbox"/> EDUCATION: \$1,500 (2 Sponsorships) | <input type="checkbox"/> \$2,000 (3 Sponsorships) |
| <input checked="" type="checkbox"/> CEU Track 1 <input type="checkbox"/> CEU Track 2 | <input type="checkbox"/> E-BLAST SPONSORSHIP (4 Sponsorships) |
| <input type="checkbox"/> FOOD COURT SPONSOR: \$2,500 (1 Sponsorship) | SEBCville AFTER DINNER BASH |
| <input type="checkbox"/> DINNER & PUB CRAWL: | <input type="checkbox"/> SEBCville BAND: \$2,500 |
| <input type="checkbox"/> \$12,000 (Exclusive Sponsorship) | <input type="checkbox"/> DRINK STATIONS: \$1,500 (4 Sponsorships) |
| <input type="checkbox"/> \$3,500 (4 Sponsorships) | <input type="checkbox"/> 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.

[Signature] General Counsel 5-5-17
Authorized By (Signature Required) Title Date
Karen Koehn Expo Hall Director 6-6-17
Accepted By SEBC Date

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