

HBA Region: \_\_\_\_\_ Chapter/Affiliate: \_\_\_\_\_

**Company and primary contact information:**

Company name: \_\_\_\_\_

Company address: \_\_\_\_\_

City: \_\_\_\_\_ State/province: \_\_\_\_\_

Zip/postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Company telephone: \_\_\_\_\_ Website: \_\_\_\_\_

*Primary contact info:*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Direct phone: \_\_\_\_\_ Direct fax: \_\_\_\_\_

Email address: \_\_\_\_\_

**Billing contact information (if different from primary contact):**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company address: \_\_\_\_\_

City: \_\_\_\_\_ State/province: \_\_\_\_\_

Zip/postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Direct phone: \_\_\_\_\_ Direct fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Invoicing requirements: (P.O., cost center, etc): \_\_\_\_\_

**Reason for invoice and description:**

*(Examples: X event sponsorship, bulk purchase of # HBA memberships at X cost, bulk purchase of # registrations for X event at X cost)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Invoice total\*:** \_\_\_\_\_

*\*In-kind donations will not have an invoice total. Please list N/A.*

*For event sponsorship agreements,  
please complete page 2.*

### Summary of event sponsorship:

Event name: \_\_\_\_\_

Event location: \_\_\_\_\_ Date: \_\_\_\_\_

### Type of sponsorship:

☐ **Cash sponsorship**

Sponsorship amount and/or package: \_\_\_\_\_

☐ **In-kind sponsorship/donations:**

*As a 501(c)(6) not for profit organization under the IRS federal tax code, HBA must record the fair market value of "in-kind" donations received where no cash is exchanged for products, goods and services. In-kind donations are deductible as business expenses for federal income tax purposes but not as charitable donations. HBA Federal Identification: # 13-3579800*

In accordance with IRS regulations, it is the responsibility of the sponsor to report the actual value or establish the fair market value of in-kind donations (i.e. venue, food/beverage, etc):

| Description of donation | Actual or fair market value |
|-------------------------|-----------------------------|
|                         |                             |
|                         |                             |
|                         |                             |
|                         |                             |
|                         |                             |
|                         |                             |
|                         |                             |
| Total:                  |                             |

**Sponsor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing this form, you certify that you have the authority to do so on behalf of your company.*

**Regional treasurer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Terms:

Payment is due in net 30 days upon HBA receiving the signed sponsorship agreement. All payment will be required to be received no later than 30 days prior to the start of the event. Should payments not be received prior to the event, HBA reserves the right to cancel the sponsorship, and stop all sponsorship benefits. All sponsorships are considered final and are non-refundable. The HBA reserves the right to change/modify all sponsorships.

Please send all completed forms to [finance@hbanet.org](mailto:finance@hbanet.org) for processing.