MPI | WEC18
WORLD EDUCATION CONGRESS
JUNE 2-5, 2018 • INDIANAPOLIS, INDIANA

WEC 2018 President's Dinner Contract

Please check one (1) option:

- ☐ **$15,000 –** Table of 12
- ☐ **$12,000 –** Table of 8
  - 1 Full Page Ad inside *The Meeting Professional*
  - 8 MPI Foundation Rendezvous Tickets
- ☐ **$6,000 –** Table of 8
  - 8 MPI Foundation Rendezvous Tickets
- ☐ **$5,000 –** Table of 8
- ☐ **$500 –** Individual Tickets (Quantity of Tickets: #_____)

Terms & Conditions

The term "event" means World Education Congress President's Dinner", currently June 4, 2018 (hereinafter "Event Dates") in Indianapolis, Indiana (hereinafter "Convention Facility"). The Event is owned, produced and managed by Meeting Professionals International. As used hereinafter, the term "Organizer" means, collectively, Meeting Professionals International, and each of its officers, directors, shareholders, agents, affiliates, representatives, employees, and assigns, unless the context requires otherwise. The term "President's Dinner " means collectively, (i) the company or person that signed up for President's Dinner package and agreed to enter into this contract upon acceptance by Meeting Professionals International in the manner stated below and (ii) each of its officers, directors, shareholders, employees, contracts, agents, representatives and/or invitees, as applicable.

CANCELLATION:

All President's Dinner participation cancellations must be received by Organizer in writing (return receipt requested) and acknowledged by Organizer.

If written notice of participation cancellation is received by Organizer on or after May 4, 2018 the Supplier/Sponsor shall pay a 100% cancellation. If written notice of participation cancellation is received by Organizer before May 3, 2018, the Sponsor shall not be responsible for the purchase.

<table>
<tr><th colspan="3">Please complete and sign below and return to mpiexchange@mpiweb.org</th></tr>
<tr><td colspan="2">Name:</td><td>Title:</td></tr>
<tr><td colspan="2">Company:</td><td rowspan="5">MPI Director of Business Development Contact:

(Insert Name)</td></tr>
<tr><td colspan="2">Address:</td></tr>
<tr><td>City:</td><td>State:</td><td>Zip:</td></tr>
<tr><td colspan="2">Phone:</td></tr>
<tr><td colspan="2">Email:</td></tr>
<tr><td colspan="2">Signature:</td><td>Date:</td></tr>
<tr><td colspan="3">Upon completion, you will receive an invoice and all payments must be received by May 4th.</td></tr>
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