## **NAPEO 2026 Sponsor Agreement**

COMPANY NAME	
CONTACT	
ADDRESS	
CITY	STATE ZIP
PHONE	EMAIL
ONSITE CONTACT NAME	CELL PHONE NUMBER
EVENT SPONSORING	
DESCRIPTION	AMOUNT
in good faith to modify the sponsorship opportunity as c 8. NAPEO reserves the right to modify sponsored events at 9. NAPEO in its sole discretion makes decisions related to p 10. Companies must be a member of NAPEO to invest in sp 11. Credit card transactions are limited to a maximum of \$1	nd related benefits to adapt to changing conditions. promotional items. ponsorships.
SIGNATURE	DATE
PRINT NAME	TITLE
Billing Contact (if different from above) NAPEO	will email invoice to billing contact. Payment must be received within 5 days to be confirmed.
CONTACT	
ADDRESS	
CITY	STATE ZIP