

Event Sponsorship

Member Form - Expression of Interest



CARILEC
An Association Of Electric Energy Solution Providers

Date: _____

1. COMPLETE THE COMPANY INFORMATION IN THIS SECTION

Company Name: _____

Authorized Company Representative Information

Address: _____

Name / Position _____ / _____

Address: _____

Telephone _____

Website: _____

Email _____

2. TICK THE EVENT/LEVEL THAT THE COMPANY IS INTERESTED IN SPONSORING (ONE EVENT PER FORM)

<u>EVENT</u>	<u>SPONSORSHIP LEVEL</u>
<input type="checkbox"/> HR/PR/CS CONFERENCE	<input type="checkbox"/> DIAMOND SPONSOR
<input type="checkbox"/> CEOs & LEADERSHIP CONFERENCE	<input type="checkbox"/> PLATINUM SPONSOR
<input type="checkbox"/> ENGINEERING & PROCUREMENT CONFERENCE	<input type="checkbox"/> EMERALD SPONSOR
<input type="checkbox"/> CAREC CONFERENCE & EXHIBITION	
<input type="checkbox"/> LINE-WORKERS SYMPOSIUM	
<input type="checkbox"/> GIS SYMPOSIUM	

3. BY SIGNING BELOW, THE AUTHORIZED COMPANY REPRESENTATIVE UNDERSTANDS THAT:

1. Sponsoring companies wishing to hold independent social functions or organize technical tours must do so outside of CARILEC's scheduled events. Notwithstanding, sponsoring companies must consult with CARILEC's Marketing and Member Services Department at least 2 months prior to the event in this regard.
2. Sponsoring companies must adhere to deadlines for the submission for personnel biographical data and other corporate information
3. Sponsoring companies must submit all high-resolution logos, images and promotional graphics to the CARILEC office electronically within one week of confirmation of sponsorship.
4. Logos should be submitted in the following formats high quality formats: PDF, EPS, JPEG
5. Images and promotional graphics must be in the following high quality formats: PDF, JPEG, PNG, TIFF, BMP
6. If a company is selected to sponsor an event, full payment must be made at least 15 days after notification of sponsorship award. CARILEC reserves the right to rescind its offer of sponsorship if payment is not made within that time.

Authorized Representative Signature

Date

4. DO NOT COMPLETE THIS SECTION. TO BE COMPLETED BY CARILEC AND COPY RETURNED TO COMPANY

Date Received _____

Received by _____

Agreement & Payment

For Sponsorship & Advertisement



CARILEC
An Association Of Electric Energy Solution Providers

Mr./Ms./Mrs. _____ Title _____

Organization: _____ Parent Company: _____

Address: _____

City/State/Province: _____ Country/Postal Code: _____

Tel: _____ Fax: _____

E-mail Address: _____ Company URL: _____

Conference Selection

HC/PR/CS _____ CEOs & Leadership _____ Line-workers Symposium _____ GIS Symposium _____

Engineering & Procurement Conference _____ CAREC Conference & Exhibition _____

Diamond _____ Platinum _____ Emerald _____ Gold _____ Silver _____ Bronze _____ Other _____

Advertisements

Half Page ___ Full Page ___ Center Page ___

Total Amount Due: \$ _____

_____ **I will pay by cheque or bank draft made payable to CARILEC** (CHEQUES MUST BE MADE PAYABLE TO CARILEC)

BANKING DETAILS:

CARILEC,
A/C NO. 1129402
SWIFT: PNBUS3NNYC
CIBC FIRST CARIBBEAN INTERNATIONAL BANK LTD
BRIDGE STREET
CASTRIES
SAINT LUCIA
SWIFT CODE: FCIBLCLC

CORRESPONDING BANK DETAILS:

WELLS FARGO
375 PARK AVENUE, NY 4080
NEW YORK 10152
SWIFT CODE: PNBUS3NNYC
ABA NO.: 026005092

_____ **Please provide me with the Credit Card payment link.**

FULL PAYMENT MUST BE PAID TWO (2) MONTHS BEFORE EVENT.

***Terms and conditions apply.**