MDRT

The Premier Association of Financial Professionals ®

Million Dollar Round Table

Partnership Contract

INSTRUCTIONS: Type or print this application. Complete all sections, sign and return this original application with full payment, payable to MDRT, P.O. Box 485, LaGrange, IL 60525-0485. Please be sure to make a copy for your files. If paying by credit card, please fax signed application to 312-541-0573. Upon receipt of application and full payment, Management will send a confirmation of your MDRT Partnership.

2010 MDRT Partnership Opportunities

Partnerships are assigned on a first received basis. For more information, please contact, Rhonda King at phone number 312-541-0567, fax number 312-541-0573, or email: rhonda@corcexpo.com. Please select partnership:

	Platinum Partnership	
	MDRT Annual Meeting Tote Bag	USD 60,000
	Court of the Table-Top of the Table Reception	USD 60,000

	Gold Partnership	
	Connection Zone	USD 30,000
	Focus Session Handout Thumb Drive	USD 30,000
	Relaxation Massage Station	USD 30,000
	Reusable Water Bottles and Water Stations	USD 30,000
	Afternoon Refreshment Break	USD 30,000

	Silver Partnership	
	Pens	USD 15,000
	Notepads	USD 15,000
	Power Center Shopping Bags – Large	USD 15,000
	Power Center Shopping Bags – Medium/Small	USD 15,000

Company Contact: _____

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email: _____

Method of Payment: **MDRT Federal Tax ID No. 36-2138427**

❑ Check ❑ American Express ❑ MasterCard ❑ Visa In the amount of USD _____

CARD NUMBER SECURITY CODE EXPIRATION DATE

NAME AS IT APPEARS ON CARD

CARDHOLDER'S ADDRESS

CARDHOLDER'S SIGNATURE

TERMS AND CONDITIONS

Partner agrees to pay above indicated amount as determined by the Million Dollar Round Table. Payment in full is due with application. MDRT reserves the right to withdraw the partnership, if payment is not received within 10 business days of receipt of the signed application. Acceptance of this application by MDRT constitutes a contract. We agree to abide by the above contract terms and conditions. Partnerships are non-refundable.

AUTHORIZED SIGNATURE: _____ DATE: _____

This line must be signed for acceptance of contract.

FOR OFFICE USE ONLY

Check Number: _____ CC Sent: _____ CC Approval: _____ Confirmation Sent: _____