



CalSHRM WEB SPONSOR AGREEMENT

THIS AGREEMENT is entered into this _____ Day of _____, 20____, between the California State Council of SHRM (CalSHRM) and: _____ (SPONSOR) , for Sponsorship of the SPONSOR’s company logo and link on the CalSHRM Website.

WEB SPONSOR RATE AND INFORMATION SHEET

<u>CalSHRM Home Web Page:</u>	
SPONSORSHIP PERIOD <small>(Based on Calendar Year. Partial Year Agreements are Pro-rated to accommodate the Calendar year)</small>	SPONSOR AMOUNT <small>(Full payment for each period is due prior to any display of SPONSOR Logo)</small>
Monthly (1 Month)	\$500
Quarterly (3 Months, <i>Save 10%</i>)	\$1,350
Semi-Annual (6 Months, <i>Save 20%</i>)	\$2,400
Annual (12 Months, <i>Save 40%</i>)	\$3,600

TERMS

CalSHRM Home Page sponsorships are limited to 5 logos during any period. Placement will be reserved based on full payment date. Payment must be received **in full** at least 15 days prior to posting of any Website Logo File. All periods are based on Calendar months. Quarterly Periods are January – March, April – June, July – September, and October – December. Semi-Annual Periods are January – June and July – December. Agreements automatically renew for the designated period(s) unless notified of cancellation in writing at least 15 days prior to the first of any calendar month beginning a new period.

URLs provided must be to the SPONSOR’s home page and must be provided with Logos for hyperlink access. .All URL addresses are verified for accurateness and subject to review.

LOGO FILE SPECIFICATION:

For best display, Company Logo files must be in high definition and be provided at time of full payment in .JPG, .PNG, or .TIF digital format. Files cannot be provided embedded in MS Word Documents or other files. CalSHRM reserves the right to resize files to fit Web space.

Graphic Logo Files may be emailed to cal.shrm@gmail.com or sent on USB Drive to: **CalSHRM, 2972 W Swain Rd., PMB 115, Stockton, CA 95219.**

DUE DATES:

PERIODS	PAYMENT DUE DATES NO LATER THAN	
Monthly	15 th of the Prior Month	<ul style="list-style-type: none"> ➤ Placement will be reserved based on full payment date. ➤ CalSHRM Reserves the right to refuse any SPONSOR Logo. ➤ All Web sponsorships must be paid in advance. NO balances will be carried. ➤ SPONSOR assumes liability for all content of Logos posted, and also assumes responsibility for any claims arising there from, made against the CalSHRM. ➤ All instructions regarding additions, deletions, or changes of any kind must be in writing by SPONSOR at least 15 days prior to the first of any calendar month beginning a new period.
Quarterly	Q1 = 12/15 Q2 = 03/15 Q3 = 06/15 Q4 = 09/15	
Semi-Annually	Period 1 = 12/15 Period 2 = 06/15	
Annually	December 15 th	

Please Select your Sponsorship Choice Below:

Monthly - \$500 Per Month:	<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Total Months Selected = X \$500 = _____
Quarterly - \$1,350 Per Quarter:	<input type="checkbox"/> Quarter 1 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> Quarter 3 <input type="checkbox"/> Quarter 4 Total Quarters Selected = X \$1,350 = _____
Semi Annually - \$2,400 Per Period:	<input type="checkbox"/> Period 1 <input type="checkbox"/> Period 2 Total Periods Selected = X \$2,400 = _____
Annually - \$3,600 Per Period:	<input type="checkbox"/> Annually Annual Selected = X \$3,600 = _____

PAYMENT INFORMATION

By Check

____ Enclosed is our completed Agreement and a check for the Website sponsorship payable to CalSHRM in the amount of \$ _____.

By Credit Card

____ I authorize CalSHRM to charge the total amount of \$ _____ to my credit card below.

Card Number

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Exp MO

Exp YR

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VISA MASTERCARD AMERICAN EXPRESS DISCOVER 3 Digit Security # _____

Name on Card:		Phone Number:	()
Address:			
City:		ST:	
		ZIP:	

Cardholder Signature

Date

WITH MY SIGNATURE BELOW, ANY/ALL TERMS AND CONDITIONS WITHIN THIS AGREEMENT ARE AGREED TO AND ACCEPTED.

FOR SPONSOR

Company: _____

Print Name: _____

Title: _____

Signature: _____

Date: _____

FOR CalSHRM

Print Name: Michael Letizia, PHR-CA

Title: CalSHRM State Director

Signature: _____

Date: _____

SUBMIT AGREEMENTS WITH PAYMENTS TO:

CalSHRM Attn: Business Development 2972 W Swain Rd., PMB 115 Stockton, CA 95219	FOR CalSHRM USE ONLY Date Received _____ Check # _____ CC Processed Date _____
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