

IWOMP 2020 Sponsor Agreement

September 21-24, 2020



By signing this agreement, your Organization (hereinafter referred to as “Organization”) agrees with the details as presented and understands the financial responsibilities of conference support.

Organization
Representative: _____

(please print name)

Title: _____

Organization: _____

Street Address: _____

City: _____ State: _____

Email: _____ Phone: _____

There is only one level of sponsorship for this year’s virtual conference:

Gold Sponsorship: \$750

In return for benefits specified in the Sponsorship Package, the Organization agrees to:

1. Reasonably promote/advertise the conference using Organization’s existing communications channels, website, etc.
2. Promptly complete all administrative requirements, including:
 - a. Pursuant to completing any formal logo or trademark using agreement required by Organization, **provide a copy of the logo usage policies** to conference staff.
 - b. Promptly **authorize the use of Organization’s logos** and names of conference website and in promotional materials.
 - c. **Provide logos**, marks and names in a scalable, high-resolution graphics format within 14 days of this agreement being signed, or with 14 days of the logo/trademark use agreement being signed, when applicable. (**Logos will be added to IWOMP and OpenMPCon conference website and other promotional materials** as soon as agreements are in place and appropriate images are provided.)

3. **Pay support commitment by September 18, 2020**

charge card: Pay through the Sponsorship Registration page
(link at <https://www.iwomp2020.org/sponsorship/>)

Payment to: Texas Advanced Computing Center Tax ID, EIN: 74-6000203
Address: Texas Advanced Computing Center (ACB)
10100 Burnet Rd. Bld. 205 (R8700)
Austin, TX 78758
Attn: Valerie Wise

4. **Provide the following information for each attendee** receiving complimentary registration to Kent Milfeld (milfeld@tacc.utexas.edu + subject: IWOMP) no later than 18 September 2020:

First Name, MI, Last Name, Organization Name
Street Address, City, State/Province, ZIP
Email and Phone

5. **Return** signed agreement to: Kent Milfeld
Email PDF: milfeld@tacc.utexas.edu (subject: IWOMP)
or FAX or 512-475-9445 (pls. send notice to Kent)

Sponsor Representative: _____ (print name)

Signature: _____ Date: _____ pg 2/2