

SPONSORSHIP INVITATION

We are pleased to announce the SouthWest Benefit Association's Benefits Administration Workshop on March 24, 2023, in Oklahoma City.

SWBA is offering supporting organizations the opportunity to sponsor this premier educational event. This will be an outstanding opportunity for sponsors to build stronger relationships with employee benefits decision-makers and leaders through exceptional networking and business development opportunities for sponsors and attendees.

Staying up to date in the challenging world of employee benefits has never been more critical to the success of benefits professionals and their companies. Changes in regulations, technology, workforce, and the economy continue to influence and change the way benefits are structured. Our Benefits Workshop has become a key resource for information, guidance and clarification on new regulations, compliance issues, legislation, and litigation. Sponsoring this SouthWest Benefits Association Conference is one of the most **cost-effective** ways to **gain exposure** for the services and solutions that your organization provides.

Sponsorship information is below, including a Sponsorship Agreement, which we ask you to sign and return to SWBA via email to registration@swba.org as soon as possible. The number of sponsoring companies is limited, so reserve your space today! **Sponsors will be accepted on a first come, first serve basis**. We look forward to your participation in what promises to be an outstanding SWBA Benefits Workshop on March 24, 2023, in Oklahoma City.

Sincerely,

Marianne Fazen Ph.D.

Marianne Lazur

Executive Director



SouthWest Benefits Association 2023 Benefits Administration Workshop Sponsorship Benefits

Workshop Sponsor - \$1,000 Benefits:

- > 1 Complimentary Registration
- > 6 foot-table top exhibit space
- > Company logo in Workshop Promotions
- Company logo on Workshop Website
- > 1 Reserved table during Lunch
- > Ad space in the conference registration materials



SouthWest Benefits Association 2023 Benefits Administration Workshop Sponsorship Agreement

The following describes the sponsorship agreement between SouthWest Benefits Association (SWBA) and Sponsor:

| Company: | | | | |
|---|--|--|--|--|
| - Sponsor will receive benefits listed in attached sponsorship description sheet based on sponsorship leve selected. | | | | |
| SWBA will not incur additional expenses associated with this sponsorship except those required for the promotion and staging of the event. | | | | |
| -In the event of cancellation due to circumstances within its control, the liability of SWBA shall be limited to a refund of your sponsorship fee. In the event of cancellation by sponsor, no refunds will be given unless written notification is provided to SWBA 90 days prior to the conference. | | | | |
| -Sponsor agrees to defend, indemnify and hold had causes of action, or liabilities, including reasonable undertaken or committed by Sponsor pursuant to agreement. | attorneys' fees, arising out of or resulting from any act | | | |
| - Presenting Sponsors will receive conference attenmailing information only. Presenting Sponsor agree parties. Presenting Sponsor agrees not to extend in absence during the posted hours of the conference | res not to disclose attendee registration lists to outside invitations or call meetings that would encourage | | | |
| -Sponsor agrees to pay SWBA the full amount of th | ne Sponsorship Fee before the Workshop | | | |
| · | onsor agrees to abide and conform to these terms. In e circumstances, this agreement will not be binding. | | | |
| Accepted By: | | | | |
| Sponsor's Authorized Representative | DATE | | | |
| Marianne Fazur | | | | |
| Marianne Fazen SWBA Executive Director | 11/15/22 DATE | | | |

Questions? Call SWBA at 214-382-3035

Please complete both pages of this agreement and fax to SWBA at 214-382-3038. Thank you.

Please note: **Sponsorships will be made available to other companies on a first come, first serve basis.**



Contact Person

For questions regarding this sponsorship, SWBA should contact:

| Name: | | | _ |
|-------------------------|---|--------------------------|---|
| Title: | | | - |
| Phone: | Email: | | |
| Complimentary Regist | <u>ration</u> | | |
| who wish to attend the | Conference must co ame of the individua | mplete a Registration | on. Additional company personnel Form and pay the appropriate entary registration should be emailed |
| Payment Method | | | |
| Sponsorship Fee: | | | |
| ☐ Workshop Sponsor - | \$1, | ,000 | |
| Please indicate your me | thod of payment. Fเ | ull payment is due prior | to the Workshop |
| ☐ Check enclosed, paya | ble to SouthWest Be | nefits Association | |
| ☐ Credit card payment | | | |
| Card Type: | □МС | □ АМЕХ | |
| Card Number: | | Exp. Date: | |
| Card Holder's Name (Ple | ease print): | | |
| Signature: | | | |
| | | | |

Phone: 214-382-3035

Please complete both pages of this agreement and return to:

SouthWest Benefits Association 10260 N. Central Expy., Suite 285

Dallas, TX 75231 Email: registration@swba.org