



2005 Sponsor and Exhibitor Contract

Direct Inquiries to:
Kathleen Y. Klein, Executive Director
Email: kathleen@webnetwork.org
1.888.795.6862 Toll Free; FAX: 202.318.8778
Website: www.webnetwork.org

PLEASE TYPE OR PRINT CLEARLY:

Company/Organization: _____
Address: _____
City, State, Zip: _____
Sponsor Contact's Name: _____ Title: _____
Phone Number: _____ Fax Number: _____ Email: _____

Sponsorship and Marketing Opportunities: Each Sponsor and Exhibitor will receive year-round marketing opportunities. See detailed descriptions, see the 2005 WEB Sponsor and Exhibit Brochure or go online to www.webnetwork.org.

We want to purchase: (Check appropriate response.)

- | | |
|--|---|
| <input type="checkbox"/> \$17,500 <i>Exclusive</i> Annual Partnership | <input type="checkbox"/> \$3,500 WEB Silver Sponsor (<i>Check Preference</i>) |
| <input type="checkbox"/> \$12,500 <i>Exclusive</i> WEBA Sponsor | <input type="checkbox"/> Conference Continental Breakfast (April 14, 2005) |
| <input type="checkbox"/> \$ 7,500 WEB Platinum Sponsor (<i>Check Preference</i>) | <input type="checkbox"/> Conference Continental Breakfast (April 15, 2005) |
| <input type="checkbox"/> Conference Reception (April 14, 2005) | <input type="checkbox"/> \$2,500 WEB Bronze Sponsor (<i>Check Preference</i>) |
| <input type="checkbox"/> Conference Luncheon (April 15, 2005) | <input type="checkbox"/> AM Conference Break (April 14, 2005) |
| <input type="checkbox"/> \$ 5,000 WEB Gold Sponsor (<i>Check Preference</i>) | <input type="checkbox"/> PM Conference Break (April 14, 2005) |
| <input type="checkbox"/> Conference Notebook | <input type="checkbox"/> AM Conference Break (April 15, 2005) |
| <input type="checkbox"/> Conference Bag | <input type="checkbox"/> \$1,500 Conference Exhibitor (April 14-15, 2005) |

Each Sponsor at the Bronze Level and up receives a Conference Exhibit as a benefit of Sponsorship. All Sponsors and Exhibitors receive WEB memberships. WEB's Membership Coordinator will contact you regarding membership information upon receipt of your contract and payment.

Other Sponsor and Marketing Opportunities:

- | | |
|--|---|
| <input type="checkbox"/> \$5,000 <i>Exclusive</i> WEB Job Bank Sponsor | <input type="checkbox"/> \$ 500 Friend of WEB |
| <input type="checkbox"/> \$1,000 WEB Benefactor | |

All Sponsors, Benefactors, and Friends receive WEB memberships. WEB's Membership Coordinator will contact you regarding membership information upon receipt of your contract and payment.

Interested in learning about other opportunities to market your company/organization?

- Please contact me regarding advertising in the Network, WEB's all-member electronic newsletter.
 Please contact me regarding the purchase of WEB's member mailing list.
 Please contact me regarding advertising in the 2005 WEB Benefits Solutions Conference Notebook.

Payment for Sponsorships and Exhibit Space: All contracts must be accompanied by a 50% deposit. Applications will not be processed unless payment requirements are met. Full payment is required by Friday, January 28, 2005. WEB will refund 50% of the Sponsor or Exhibitor Fee for organizations who cancel by Friday, January 28, 2005, and 25% of the Sponsor or Exhibitor Fee for cancellations made by Monday, February 28, 2005.

NOTE: Sponsors and Exhibitors at the \$1,500 and above level who postmark and pay full payment by December 31, 2004 may deduct 10% from the Sponsor or Exhibitor Fee.

Total Amount Due: \$ _____ Check Enclosed (payable to Worldwide Employee Benefits Network)
 WEB Tax ID # 52-1360024 I authorize WEB to charge \$ _____ to my Visa MasterCard American Express

Card Number: _____ Card ID Number: _____ Expiration Date: _____
 Authorized Signature: _____ Cardholder's Name: _____

We, the Above Signed Company, having read and agreed to the terms and conditions expressed herein, contract for the WEB Sponsor or Exhibitor level as noted above.

Company Representative: _____ **Title:** _____ **Date:** _____

Send the completed contract and payment to: Kathleen Y. Klein; WEB Executive Director; 5831 E. University Blvd., #D; Dallas, TX 75206. Or, Fax to Kathleen Klein at 202.318.8778.



2005 WEB Mailing List Order and Payment Form

Direct Inquiries to: Kathleen Y. Klein, Executive Director
Email: kathleen@webnetwork.org
1.888.795.6862 Toll Free; FAX: 202.318.8778
Website: www.webnetwork.org

PLEASE TYPE OR PRINT CLEARLY:

Company/Organization:
Address:
City, State, Zip:
Sponsor Contact's Name: Title:
Phone Number: Fax Number: E-mail:

Note: WEB's mailing list is available only in an electronic format. The completed Order Form and applicable payment must be received one month prior to the date the first mailing list is released.

Mailing List Order by 2005 WEB Partner, Sponsors, and Benefactors Only

My company/organization is: (Check appropriate response.)

- Annual Partner (Four mailing list uses)
Silver Sponsor (One mailing list use)
WEBA Sponsor (Three mailing list uses)
Bronze Sponsor (One mailing list use)
Platinum Sponsor (Two mailing list uses)
Job Bank Sponsor (One mailing list use)
Gold Sponsor (One mailing list use)
WEB Benefactor (One mailing list use)

Please specify the date by which the Membership List (s) should be sent. All dates must include month/date/year.

First Use Second Use
Third Use Fourth Use

Send the mailing list(s) to (Name) at this e-mail address:

All Other Mailing List Orders

WEB's Member Mailing List is available to other organizations for marketing purposes. WEB Partners, Sponsors, and Benefactors are eligible to purchase uses of WEB's mailing list in addition to those included among Partner, Sponsor, and Benefactor benefits.

Order

use(s) of the electronic WEB member mailing list X \$750 = \$
Total Amount Due \$

Please specify the date by which the Membership List (s) should be sent. All dates must include month/date/year.

First Use Second Use
Third Use Fourth Use

Send the mailing list(s) to (Name) at this e-mail address:

Payment for WEB Mailing List Use: Full payment must accompany the completed Order Form unless the company/organization is applying for use of the membership mailing list(s) as stipulated within the benefits description of 2005 WEB Partner, Sponsor, or Benefactor.

Total Amount Due: \$ Check Enclosed (payable to Worldwide Employee Benefits Network)
WEB Tax ID # 52-1360024 I authorize WEB to charge \$ to my Visa MasterCard American Express

Card Number: Card ID Number: Expiration Date:
Authorized Signature: Cardholder's Name:

On behalf of the Above Named Company, having read and agreed to the terms and conditions expressed herein, I contract for the use of the WEB member mailing list.

Company Representative: Title: Date:

Send the completed contract and payment to: Kathleen Y. Klein; WEB Executive Director; 5831 E. University Blvd., #D; Dallas, TX 75206. Or, fax completed Order Forms with credit card payments to Kathleen Klein at 202.318.8778.