THE ASSOCIATION FOR COMPENSATORY EDUCATORS OF TEXAS (ACET)

Corporate Sponsorship Agreement

SPONSOR INFORMATION

Organization: _____

Contact Name: _____ **Title:** _____

Billing Address: _____

Phone: _____ **Email:** _____

SPONSORSHIP LEVEL SELECTION

Please select your desired level, as per the sponsorship flyer, partnership information and letter released in November 2027:

☐ **Premier Partner** — $7,000

☐ **Signature Partner** — $3,000

PAYMENT PLAN SELECTION

Select one of the following structured installment schedules:

☐ **Full Payment:** 100% of the total amount owed due on or before **January 30, 2027**.

☐ **Two-Payment Split:** Paid in two equal installments:

- Payment #1: Due on or before **January 30, 2027**
- Payment #2: Due before **April 30, 2027**

☐ **Three-Payment Split:** Paid in three equal installments:

- Payment #1: Due on or before **January 30, 2027**
- Payment #2: Due before **April 30, 2027**
- Payment #3: Due by **June 30, 2027**

METHOD OF PAYMENT

Please indicate your intended payment delivery method:

☐ Check ☐ ACH Bank Transfer ☐ Credit Card

Onboarding Notice & Billing Procedure

ACET is currently transitioning to a new association management system. Once this agreement is signed and processed, ACET will issue an official digital invoice reflecting your chosen package and payment plan. This invoice will include detailed instructions to safely log into the new ACET management system, establish your corporate user account, and conveniently manage your 2027 sponsorship benefits.

AUTHORIZATION AND EXECUTION

By signing below, the authorized representative agrees to the terms, selected levels, and payment deadlines outlined in this agreement.

Authorized Sponsor Signature: _____ **For ACET Acceptance:** _____

Signature

Printed Name & Title

Date

Laura Witte

Laura Witte, Executive Director

Signature

Date