



SPONSOR APPLICATION

Thank you for your interest in partnering with the Central New Jersey chapter of the Society for Human Resource Management in the promotion of information, services and products of interest to the professional Human Resource community.

Date:

Contact Name:

Company or Organization Represented:

Mailing Address:

Email:

Telephone:

Company Profile to Appear in Chapter Media:

Service(s) or Product(s):

Representative in Attendance:

Please check month(s) of interest:

_____ JAN _____ FEB _____ MAR _____ APR _____ MAY _____ JUN
_____ SEP _____ OCT _____ NOV

PROGRAM DETAILS AND OTHER NOTES:

A standard display table will be provided. The display may be displayed up to 30 minutes prior to the opening of the meeting registration. Literature may be made available to meeting participants and contact information from interested parties may be collected. Sponsor fees are due at least 30 days in advance of the scheduled meeting; checks should be made payable to:

SHRM of Central New Jersey
P.O. Box 6151
Somerset, NJ 08875

No refunds of sponsorship fees will be made unless the program is cancelled by the Central New Jersey chapter.

All Sponsor applications will be reviewed by the chapter's Board of Directors or its designees. Prospective sponsors will be notified in writing of the confirmed date of the presentation. Only persons authorized by the client corporation may enter into the agreement. Liability is limited to the fess paid by the client.

I agree to abide by the terms and conditions of the Sponsorship Agreement and Sponsor Application.

Sponsor Representative

Date