

# INNOVATION FAIR 2018

## Application and Contract for Sponsorship

All requests are subject to Kadima.Ventures approval.

COMPANY NAME

PRIMARY EVENT CONTACT

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

PHONE

EMAIL

Billing and invoicing information (if different than above)

PRIMARY BILLING CONTACT

ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

PHONE

EMAIL

### Sponsorship Packages

**Ingenuity** \$50K       **Inspiration** \$25K       **Inventiveness** \$10K

**Opportunities:** List type and quantities here:

Total Sponsorship: \$

Note: Mail checks payable Kadima.Foundation to:  
4960 S. Gilbert Rd, Suite 1-318, Chandler, AZ 85249

I have read and agree to the terms of this Agreement. I am authorized to execute this Agreement for Sponsor.

AUTHORIZED SIGNATURE

DATE

NAME PRINTED

Email completed form to: [Sponsor@Kadima.Ventures](mailto:Sponsor@Kadima.Ventures)

Full payment of contracted sponsorship must be received in full no later than Jan 15, 2018.