

NEWH (Chapter/Regional) Vendor Scholarship Agreement

I, the undersigned, as a representative of the sponsoring company, authorize NEWH/ _____ Chapter/Regional Group to use the company name, logo, photos, on documents, signage, advertisement, NEWH website, NEWH Facebook pages, related to the Vendor Scholarship, subject to sponsoring company prior written approval in each instance. Sponsoring agent also understands that by signing this form, they agree to ensure that payment for the event listed below will be made provided NEWH/ _____ Chapter/Regional Group has not breached this agreement. I, the undersigned authorize NEWH/ _____ Chapter/Regional Group authorize NEWH Inc. to use the company name, logo, photos, on documents, signage, and advertisements, related to the scholarship. Payment for sponsorship is due as indicated below. I understand that failure to submit payment in full by the below referenced agreement will result in the termination of this agreement. Sponsor agrees to pay the sponsorship fee as follows: **Invoice 100%, Payment in Full upon receipt.** A copy of this contract and any signatures herein shall be valid as an original.

I agree to accept students in the following area of Hospitality studies for consideration to the vendor Scholarship Award:

(state specifically only studies the sponsor wishes to disperse winning scholarship to hotel management, culinary, interior design, architecture, etc.)

I agree that the NEWH Chapter/Regional Group will conduct the scholarship selection process and select the winning scholarship recipient.

I agree that the name of this scholarship will be: _____

I agree to donate/sponsor the above named scholarship (with a minimum scholarship donation of \$3,000) in the amount of \$ _____, to be given as:

1 Time Sponsorship with Award Date: _____ Annually Bi-annually Other: _____

Sponsor Representative Name *(printed)*

Sponsor Representative *(Signature/Date)*

Sponsor Representative: _____ Title: _____

Phone: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Website: www. _____

Payment Information:

Company: _____ Contact Person: _____

Address: _____ City, State Zip: _____

Phone: _____ Email: _____

- **Check** - Make checks payable to NEWH, Inc.
- **Credit Card** - check one: AMEX VISA MASTERCARD DISCOVER

Name on Card: _____ Signature: _____

Card #: _____ Exp: _____ CVC Code: _____ Total Charge: _____

Submit Your Payment

Mail Checks to: NEWH Inc., PO BOX 322, Shawano, WI 54166 OR Fax to: 800.693.6394

Billing Questions? Susan Huntington susan.huntington@newh.org or 800.593.6394 UK: 44.7469.391415

Thank you for your leadership and active participation in our mission of scholarship & education
NEWH - *The Hospitality Industry Network*