



## CORPORATE SPONSORSHIP AGREEMENT

**General.** The Company hereby agrees to sponsor the ARTHRITIS NATIONAL RESEARCH FOUNDATION described in the SPONSORSHIP PROPOSAL, a copy of which is attached hereto as Exhibit A and is incorporated herein by this reference. The Sponsor agrees to provide to the ARTHRITIS NATIONAL RESEARCH FOUNDATION the following in-kind services and/or pay the following fees:

### SPONSORSHIP LEVEL (Select One)

- |   |   |
|---|---|
| <input type="checkbox"/> Cure Arthritis Partner — \$250,000 | <input type="checkbox"/> Science Partner — \$25,000 |
| <input type="checkbox"/> Research Partner — \$100,000       | <input type="checkbox"/> Media Partner — \$10,000   |
| <input type="checkbox"/> Laboratory Partner — \$50,000      | <input type="checkbox"/> Website Partner — \$5,000  |
|   | <input type="checkbox"/> Other _____                |

In consideration therefore, the ARTHRITIS NATIONAL RESEARCH FOUNDATION shall provide \_\_\_\_\_ (Hereafter referred to as SPONSOR) with the benefits described in the Proposal as it relates to the sponsorship level stated above. The ARTHRITIS NATIONAL RESEARCH FOUNDATION may adjust such benefits, substitute benefits or provide other benefits with the approval of the SPONSOR.

**Payment:** Cash payments are due as follows: within 30 days of signing this agreement, unless other payment terms have been agreed upon in writing as an addendum. Failure to pay sponsorship dues may result in termination of this agreement. In-kind services shall be scheduled in writing by representatives of the ARTHRITIS NATIONAL RESEARCH FOUNDATION and SPONSOR.

**Limitation of Sponsorship:** Unless otherwise provided, the cash or services and the SPONSOR benefits described in this agreement are related solely to the ARTHRITIS NATIONAL RESEARCH FOUNDATION for the Foundation’s current fiscal year.

**License and Usage:** SPONSOR hereby grants the ARTHRITIS NATIONAL RESEARCH a limited, non-exclusive license to use Sponsor’s trade names, trademarks, service marks and other proprietary information [the "Proprietary Information"] owned by the SPONSOR. The ARTHRITIS NATIONAL RESEARCH FOUNDATION agrees that the Proprietary Information will be used only in connection with relation to the Sponsorship to provide the benefits set forth in the Proposal and such other benefits as SPONSOR and the ARTHRITIS NATIONAL RESEARCH FOUNDATION may agree. The ARTHRITIS NATIONAL RESEARCH’s use of the Proprietary Information is subject to the approval of the Sponsor’s designated representative, which approval will not be unreasonably withheld.

**Sponsor Understandings:** SPONSOR understands as follows: the dollar values set forth in the Proposal are estimates are based upon general sponsorship information available to the ARTHRITIS NATIONAL RESEARCH; the audience multiplier is based upon estimates of the ARTHRITIS NATIONAL RESEARCH FOUNDATION audience and actual figures may vary materially. No portion of the sponsorship cash payment or in-kind services are subject to being refunded for any reason except as provided herein. Sponsorships are not exclusive unless otherwise set forth in the Proposal.



**Termination:** The ARTHRITIS NATIONAL RESEARCH FOUNDATION may terminate this contract on 30 days written notice. In the event of termination for any reason other than failure to provide contracted fees or services, the ARTHRITIS NATIONAL RESEARCH FOUNDATION may substitute an event with equivalent benefits with the approval of the SPONSOR or shall refund any cash fee received from said SPONSOR by the ARTHRITIS NATIONAL RESEARCH FOUNDATION. SPONSOR shall not terminate this agreement without the approval of the ARTHRITIS NATIONAL RESEARCH FOUNDATION.

**Amendments:** This agreement may be amended only by a written instrument executed by both parties.

**Miscellaneous:** This agreement is governed by the State of California law and is binding upon all of the parties' successors and assigns.

SPONSOR COMPANY NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

**Signatures:**

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Sponsor: \_\_\_\_\_

ARTHRITIS NATIONAL RESEARCH FOUNDATION

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**Details for Sponsorship:**

COMPANY NAME FOR RECOGNITION: \_\_\_\_\_

Provide logo in **vector format (.eps/.ai/.pdf)** and a 2-3 sentence description for use in marketing purposes. Email to Derek Belisle, Marketing Director at [Derek@CureArthritis.org](mailto:Derek@CureArthritis.org).