EVENT SPONSORSHIP APPLICATION

Thank you for choosing to sponsor MicroStrategy World. Please complete, sign, and send this sponsorship application to: Alex Rice, Global Alliances Senior Manager | alrice@microstrategy.com; +1 703.744.6207

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Sponsor Name:	Contact Name:	Contact Name:	
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PACKAGE & COSTS Select your sponsorship package and either booth or your	r selected activation. You may also sele	ect additional activations or branding opportu	ınities.
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Package:			
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☐ Credit Card. A completed credit authorization form	m provided by us is enclosed with this s	ponsorship application.	
□ Invoice. We will invoice you for the Sponsorship Conditions. If you require a purchase order before you sign this sponsorship application. Terms on you application or the Event Sponsorship Terms and Conditions.	you can process payment of this spons or purchase order that are different fro	orship application, please provide us a copy om or in addition to the terms of this sponso	
Terms and Conditions: This sponsorship application is https://www.microstrategy.com/en/legal/contract-hub of the Event . This sponsorship application is the complement another document signed by both of us. This sponsors we reserve the right to decline a sponsorship application.	on the date of last signature below (Effe y.com/en/legal/contract-hub on the Ef lete agreement for the sponsorship de ship application becomes binding whe	ctive Date). The MicroStrategy World 2024 fective Date will also govern your registration scribed herein; it may only be modified by	<u> </u>
ACCEPTED AND AGREED TO BY:			
MicroStrategy Incorporated (We/Us)	Sponsor:		(You)
Name:	Name:		
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Date:





CREDIT CARD INFORMATION: PLEASE INCLUDE A PHOTOGO	COPY OF THE FRONT AND BACK OF THE	CARD
Name on Card:		
Company Name:		
Billing Address:		
Card Number:	Expiration Date:	Security Code:
Card Type: □ Visa □ MasterCard □ American E	xpress	
CHARGE INFORMATION: Amount (Credit Cards will not be accepted for fees in excess of USD \$20,000):		-
AUTHORIZATION AND SIGNATURE:		
You authorize the above listed charge to be applied to your	shove listed gradit gard as payment to	wards the Event(s) identified in the
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sponsorship application you are submitting with this Credit	t Card Authorization Form.	
Name:	Signature:	
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