

Sponsorship Agreement



The North Carolina Center
of Innovation Network

Sponsoring Organization Information:

Name: _____ Website: _____

Member Status: _____

Organizational Information:

Expectation:

Contact Information:

Name: _____ Title: _____ Email: _____

Mobile: _____

Event Information:

Sponsorship Level: _____

Payment Method: _____

Sponsor Authorized Signature: _____ Date: _____

COIN Authorized Signature: _____ Date: _____