



PERFORMERS' CONTRACT FORM
CTD Form 1-A

YES! I commit to make our TRANSFORMING move.

SPONSOR'S INFORMATION

Company:			
Contact Person: (Title/Name)		Designation	
Address 1			
Address 2			
Email Address:			
Business Phone No/s:		Mobile No/s:	
Billing Name (if different):			
Billing Address (if different):			

Participation Fee: Php600,000	
Exclusive Privileges	
ICM Program sponsored	3 Transform communities
Brand Recognition	Naming rights to the adopted communities
	Logo placements on event collaterals and banners to be placed at the CTD venue and other ICM events
	Company logo on the ICM website
	Social media promotion
	Credits on CTD Event Video
	Permission to play a 30-second company promotional video (pre event)
	One full page ad in the CTD Souvenir Program booklet (8.5 x 11 in)
	Live acknowledgment and logo display <i>Before and after the event</i>
Pre-event socials	
B2B Networking event	3 tickets
Reserved seats	10 seats



DONATION INFORMATION:

Amount in words	
Amount in figures	Php
Bank Name	
Check Number	

AGREEMENT

This is to authorize International Care Ministries to publish/use our company logo and event photos relevant to our participation in Care to Dance, on ICM's collaterals and social media platforms.

Conforme: _____
(Signature over printed name)

Position/Title: _____

Date: _____

Please make all checks payable to: **INTERNATIONAL CARE MINISTRIES FOUNDATION INC.**

Donation may also be deposited to: **METROBANK**
Account Name: International Care Ministries Foundation, Inc.
Account Number: 245-7-24581224-4
Address of Bank: 676 Aurora Blvd., New Manila, Quezon City 1112

Please submit your company logo with the subject: **CTD/LOGO/COMPANY NAME**

Please submit your logo in any of these formats: **In Design, PNG, JPEG or PDF**

Deadline for logo submission is on March 23, 2018

Care to Dance Contact Person: **Kat Magat** - 0998 961 2804
Weng Kakilala - 0918 937 1036

caretodance@caremin.com