

# cvent | Event Management

## Additional Purchase within Existing Agreement

**Customer:** SHRM Alaska State Council

**Services:** Cvent products and services listed below, each subject to the applicable Terms of Use located on the Cvent website at <http://www.cvent.com/en/product-terms-of-use.shtml>.

**Term:** Except as herein provided, the terms of the original Agreement remain the same and there is no impact on fees or services agreed upon to date.

### Fee & Usage

SHRM Alaska State Council agrees to purchase 600 additional registrants for \$1,200.00 (\$2.00 per registrant). The additional registrants are available for use during Year 2 only (9/26/2013 to 4/30/2014) of the current agreement term, and have no impact on fees or services agreed upon to date. This additional purchase is payable within 30 days of purchase and is subject to the Terms of Use governing your master agreement, located at [www.cvent.com](http://www.cvent.com).

SHRM Alaska State Council agrees to purchase 200 additional registrants for \$0 (\$0 per registrant). The additional registrants are available for use during Year 2 only (9/26/2013 to 4/30/2014) of the current agreement term, and have no impact on fees or services agreed upon to date. This additional purchase is payable within 30 days of purchase and is subject to the Terms of Use governing your master agreement, located at [www.cvent.com](http://www.cvent.com).

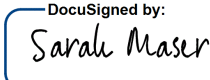
### Additional Terms

#### Cvent

8180 Greensboro Drive, Suite 900  
McLean, VA 22102  
Phone: 703.226.3500  
Fax: 703.226.3501

#### Cvent Signatory

Name: Sarah Maser  
Title: Account Executive, Business  
Email: Development  
Phone: smaser@cvent.com  
(571) 830-2311


DocuSigned by:  
Signature:   
Date Signed: 9/26/2013

#### Customer Address

Street: P.O. Box 242403  
City: Anchorage  
County:  
State: AK  
Zip Code: 99524  
Country: USA

#### Customer Signatory

Name: Patty Hickok  
Title: Programs/Seminar Chair  
Email: hickok\_p@yahoo.com  
Phone: (907) 602-5129

DocuSigned by:  
Signature:   
Date Signed: 9/27/2013

#### Billing Address (if different)

Street:  
City:  
County:  
State:  
Zip Code:  
Country:

#### Billing Contact Details

Name:  
Title:  
Email:  
Phone:

If applicable, Purchase Order number: