

LACDL 2018 Last Chance Seminar | December 6-7, 2018 | New Orleans, LA

Exhibitor & Sponsor Opportunities

Sponsor & Exhibitor Registration (Please indicate the preferred designation)

<input type="checkbox"/>	Platinum Sponsor <ul style="list-style-type: none"> • One Exhibitor Booth (optional) • Two full registrations to all seminar functions (please list name below) • 1/2 page advertisement in the seminar program • Logo on all marketing promotions, including signage, emails, program, etc. • Recognition throughout the seminar 2nd Registrant Name (included) _____	\$1000	_____
<input type="checkbox"/>	Gold Sponsor <ul style="list-style-type: none"> • One Exhibitor Booth (optional) • One full registration to all seminar functions • 1/4 page advertisement in the seminar program • Logo on all marketing promotions, including signage, emails, program, etc. • Recognition throughout the seminar 	\$750	_____
<input type="checkbox"/>	Silver Sponsor <ul style="list-style-type: none"> • Business card-size advertisement in the seminar program • Listing on all marketing promotions, including signage, emails, program, etc. • Recognition throughout the seminar 	\$500	_____
<input type="checkbox"/>	Social Sponsor Donations of \$200 or more will receive: <ul style="list-style-type: none"> • Listing on all social marketing promotions, including social signage, emails, programs, etc. • Recognition throughout seminar & social 	\$ _____	_____
<input type="checkbox"/>	Micellaneous Sponsor (all donations are welcome) <ul style="list-style-type: none"> • Recognition throughout seminar 	\$ _____	_____
<input type="checkbox"/>	Exhibitor Registration The Exhibitor Registration fee includes One (1) full registration to all seminar functions, listing on all marketing promotions, and recognition throughout the seminar.	\$500	_____
<input type="checkbox"/>	Booth Assistant <i>Additional persons in booth must register at \$150 per person</i> Assistant Name: _____	\$150x _____	_____
TOTAL AMOUNT DUE:			\$ _____

REGISTRANT INFORMATION:

Name (person attending): _____

Company (as it should appear on promotional Pieces): _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

METHOD OF PAYMENT: Check (LACDL) MC Visa AMEX Discover

CC Account Number: _____

Exp. Date: _____ V-Code _____ (3-5 digit number on the back of your credit card)

Billing Address (if different than above): _____

Signature: _____ Total Enclosed: \$ _____

Please return your completed form to the LACDL office. Questions? Contact us at (225) 767-7640.
 F (225) 767-7648 M: PO Box 82531, Baton Rouge, LA 70884 E: LACDL@tatmangroup.com