

EXHIBITOR AND SPONSORSHIP POLICIES

Payment is due at the time of registration. Registration is not considered complete until receipt of payment with this form. Vendor MUST be registered with NALA (*no representation or solicitation will be permitted without completed registration*).

Cancelation must be submitted in writing to NALA - The Association of

Paralegals. Cancelation after June 1, 2023, will be subject to a fee of 50% of the exhibit registration. This applies to those who have paid the registration fee and those who have promised to pay and for whom space has been reserved.

No refunds for exhibit space will be granted for cancelations made after June 15, 2023. By completing and submitting this form, the exhibitor is certifying understanding of the policies stated herein and the terms and conditions of the exhibit agreement. Please visit our website to view our COVID-19 policies.

EXHIBITOR AND SPONSORSHIP OPTIONS

EXHIBITOR PACKAGE	\$1,500	REFRESHMENT SPONSOR	\$4,000
PLATINUM SPONSOR	\$15,000	BREAKFAST SPONSOR	\$4,000
GOLD SPONSOR	\$12,000	CONFERENCE APP FEATURED VIDEO	\$3,500*
SILVER SPONSOR	\$7,500	CHARGING STATION SPONSOR	\$1,000
BRONZE SPONSOR	\$5,000	PARALEGAL DIRECTORY LISTING	\$750**
HOTEL IN-ROOM DROP SPONSOR	\$6,000	TOTE BAG INSERT ONLY	\$600
LANYARD SPONSOR	\$5,000	LEADCAPTURE LICENSE	\$249***
TOTE BAG SPONSOR	\$5,000	WEDNESDAY LUNCH TICKET	\$50
REGISTRATION HAPPY HOUR SPONSOR	\$4,000	Discount for exhibitors/sponsors does not apply to charging station sponsors	

** Discounted to \$2,300 for exhibitor/sponsor ada-on ** Discounted to \$375 for exhibitor/sponsor add-on

** Limited quantity available for \$200

EXHIBITOR/SPONSOR INFORMATION

Company Name (as it should appear on contributor list)				
Company Billing Address				
City	State	Zip Code		
General Company Address				
City	State	Zip Code		
Email	Website URL			
Requested Booth Number (1 st and 2 nd Choice)	description of you	Please make sure to attach a high-resolution logo and a brief description of your company along with this form. This will be viewable to all attendees.		

CONTACT PERSON

Full Name			

Preferred Phone	Proformad Empil
	Preferred Email

ON-SITE REPRESENTATIVE(S)

Full Name (as it should appear on bodge)	_ 🗌 Add lunch ticket for Wednesday (\$50)
Full Name (as it should appear on badge)	_ 🗌 Add lunch ticket for Wednesday (\$50)
Full Name (as it should appear on badge)	. 🗌 Add lunch ticket for Wednesday (\$50)
Full Name (as it should appear on badge)	Add lunch ticket for Wednesday (\$50)

PAYMENT INFORMATION

Check enclosed (payable to NALA) in the amount of: \$			Check Number:			
Credit card charge to:	🗌 Visa	☐ MasterCard	American Express	Discover	In the amount of: \$	
Name as appears on card			Card Number		Expiration Date	
Billing Address			City	Sta	ate Zip/Postal Code	
Signature					Date	

I certify that I am authorized to sign this agreement on behalf of the company listed on this form. I further certify that I have read and understood the policies stated herein and the terms and conditions of the exhibit agreement.