

LASACT '10

Sponsorship Information

July 25 - 28, 2010 - Sheraton Hotel, Canal St., New Orleans, LA

Platinum Sponsorship \$4000+

Commemorative Plaque

Recognition as Platinum Sponsor at the Banquet and in Conference Program

Full Page advertisement in Conference Program

Exhibit booth in preferred position in Exhibit Area

Two registrations for the Conference with special recognition badges

Opportunity to include promotional material in Conference packet

Gold Sponsorship \$3000+

Commemorative Plaque

Recognition as Gold Sponsor at the Banquet and in Conference Program

Full Page advertisement in Conference Program

Exhibit booth in preferred position in Exhibit Area

Two registrations for the Conference with special recognition badges

Opportunity to include promotional material in Conference packet

Silver Sponsorship \$2000+

Commemorative Plaque

Recognition as Silver Sponsor at the Banquet and in Conference Program

Full Page advertisement in Conference Program

Exhibit booth in preferred position in Exhibit Area

One registration for the Conference with special recognition badges

Opportunity to include promotional material in Conference packet

Bronze Sponsorship \$1500+

Commemorative Plaque

Recognition as Bronze Sponsor at the Banquet and in Conference Program

One half-page advertisement in Conference Program

Exhibit booth in Exhibit Area

One registration for the Conference with special recognition badges

Hospitality Session Break Sponsorship \$1200+

Recognition as Hospitality Sponsor during the break, at Banquet, in Conference Program

One quarter-page advertisement in Conference Program

One registration for the Conference with special recognition badges

Betty Breen Memorial Tuition Foundation Scholarship Sponsorship

Recognition as Betty Breen Sponsor at the Banquet and in Conference Program

One registration for the Conference with special recognition badges

**Banquet Sponsorship information available upon request
Negotiable**

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Sponsorship Information

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Sponsorship Application

Sponsor Name: _____

Mailing Address: _____
Street/P.O. Box City State Zip

Contact Person: _____

Phone Number: _____ Fax _____ e-mail: _____

Sponsorship Package Selected (Check one):

Platinum Gold Silver Bronze Hospitality Betty Breen

Amount of Sponsorship Check enclosed: \$ _____

A registration form is included in this packet and is also downloadable from www.lasact.org. For the "free" Conference registrations, submit registration(s) with this form and list all "free" registrants' names below:

Please attach to this form a completed Conference Registration Form for each individual listed above.

If paying by credit card, please fill in the following information:

Credit Card Type & #: _____ Expiration Date _____
V-Code on back of card _____ Billing Zip Code _____

Return completed Application with check or credit card information to:

LASACT - P.O. Box 80235 - Baton Rouge, LA 70898-0235

Credit card information may be phoned to 225.766.2992 followed by form faxed to 225.766.8552.

Signature

Date

To be assured of inclusion in Conference Program booklet, please submit this applications and camera ready ads by June 12, 2010.

For more information contact LASACT office at 225.766.2992; e-mail admin@lasact.org.

**We sincerely appreciate your generosity in supporting this
Conference and its mission.**

LASACT '10

Exhibitor Information

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Exhibitor Information / Application

Exhibitor Name: _____

Mailing Address: _____
Street/P.O. Box City State Zip

Contact Person: _____

Phone Number: _____ Fax _____ e-mail: _____

Electrical Power Needed: ___ Yes ___ No - An additional charge of \$75 applies.

EXHIBITOR PACKAGE: \$450 + one door Prize provided to LASACT upon check-in.

**Package includes: Skirted table, 2 chairs, One Conference Registration;
Electrical power is available upon REQUEST ONLY and with additional \$75 fee paid.**

Name of person registering for Conference _____

Complete attached Conference Registration Form for that individual, and submit with this Form.

Does that individual need CEU credits? (Check one) ___ Yes ___ No

If paying by credit card, please fill in the following information:

Credit Card Type & #: _____ Expiration Date _____

V-Code on back of card _____ Billing Zip Code _____

We agree to comply with the rules and regulations which are hereby made a part of this Exhibitor Application and attached Exhibitor Contract and to the conditions under which exhibit space at the Conference Hotel is leased to LASACT 2010.

Signature of responsible party

Date

Return **BOTH** this Application and Contract with check or credit card information to:

LASACT - P.O. Box 80235 - Baton Rouge, LA 70898-0235

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Exhibitor Contract

APPLICATION DEADLINE: To be assured of inclusion in the Conference Program Booklet, please submit application by June 12, 2010.

EXHIBITOR REGISTRATION: Starting at 12 noon on Sunday, July 25, 2010, the registered Exhibitor representatives should check in at the LASACT Registration Desk, where they will turn in their donated door prize and receive their packet and exhibit location assignment.

ACCEPTANCE OF EXHIBITS: LASACT reserves the right to refuse or revoke, at any time and without prior notice, exhibit space to any person or company. LASACT shall have the sole right and authority to approve the tone, general content, and subject matter of exhibits for appropriateness to attendees.

ASSIGNMENT OF EXHIBIT SPACE: Space is limited. Exhibit location will be assigned by LASACT. At its sole discretion and in the best interest of the Conference, LASACT may alter the location of exhibit spaces.

AUDIO VISUAL EQUIPMENT: Exhibitors are responsible for supplying any and all audio-visual equipment necessary for their Exhibits, including extension cords, video machines, etc. Electrical power is available for a fee of \$75. Please indicate on application if needed.

SET UP TIME: Exhibit set up time starts at 12 noon on the first day of the Conference. All vendors, the bookstore, and the hospitality area will be on the same floor as the general and breakout sessions. Exhibitors needing any type of special arrangements should e-mail request to the LASACT office at admin@lasact.org by June 12, 2010.

DOOR PRIZES: Each Exhibitor will provide a door prize to LASACT upon check-in at the Conference. LASACT will award these door prizes during the Conference and acknowledge each Exhibitor's contribution. In addition, Exhibitors are strongly encouraged to provide an additional door prize at their exhibits as an incentive for Conference participants to visit. Awarding of Exhibitor door prizes may be handled by Exhibitors as they see fit. However, we encourage Exhibitors to have a registration system from which to draw names.

LIABILITY: Neither the Conference Hotel nor LASACT 2010 can or will be held responsible for damage to, or for loss or theft of property belonging to, or injury to, any Exhibitor, his agent, employees, business invitees, visitors, or guests. Each Exhibitor is expected to carry his/her own appropriate insurance.

Signature of Responsible Party

Date

Agency/Organization

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Advertiser Information

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Advertising Space in Conference Program

OUTSIDE BACK COVER*	\$1,000.00
INSIDE FRONT OR BACK COVER*	\$ 800.00
FULL PAGE	\$ 650.00
THREE-QUARTER PAGE	\$ 500.00
HALF PAGE	\$ 400.00
QUARTER PAGE	\$ 300.00
BUSINESS CARD (EIGHTH PAGE)	\$ 100.00

*Available on a first come/first served basis

**Please submit camera-ready advertising copy
or e-mail ad in high resolution PDF format to
admin@lasact.org.**

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Advertiser Information

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Advertising Application

Advertiser Information:

Business/Organization Name: _____

Mailing Address: _____
Street/P.O. Box City State Zip

Contact Person: _____

Phone Number: _____ Fax _____ e-mail: _____

Advertising Package Selected (check one):

- Included in Sponsorship
 Outside Back Cover - \$1,000 Inside front cover - \$800 Inside back cover - \$800
 Three-quarter page - \$500 Half page - \$400 Quarter page - \$300
 Business Card - \$100

Amount Enclosed: \$ _____

Camera Ready Copy Attached? Yes No

Ad will be e-mailed to admin@lasact.org in high-resolution PDF format by June 12, 2010

Comments: _____

If paying by credit card, please fill in the following information:

Credit Card Type & #: _____ Expiration Date _____

V-Code on back of card _____ Billing Zip Code _____

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Signature of responsible party _____ Date _____

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