



Mark Your
Selections
with an
(X)

Regional Legal
Management
Conference
EAST 1,2,3
NASHVILLE, TN
October 12-14

Regional Legal
Management
Conference
WEST 4,5,6
LAS VEGAS, NV
September 7-9

Super
Specialty
Conference
SPECIALTY
CHICAGO, IL
October 5 - 7

<input type="checkbox"/>	GOLD BUNDLE	<i>Includes All Three Conferences</i>	Discount Price \$11,000
<input type="checkbox"/>	SILVER BUNDLE	<i>Includes All Three Conferences</i>	Discount Price \$9,300

GOLD
SILVER
STANDARD

<input type="checkbox"/>	GOLD \$4,000	<input type="checkbox"/>	GOLD \$4,000	<input type="checkbox"/>	GOLD \$4,100
<input type="checkbox"/>	SILVER \$3,150	<input type="checkbox"/>	SILVER \$3,150	<input type="checkbox"/>	SILVER \$3,500
<input type="checkbox"/>	STANDARD \$1,950	<input type="checkbox"/>	STANDARD \$1,950	<input type="checkbox"/>	STANDARD \$2,750
<input type="checkbox"/>	Business Matters Session \$1,500 <i>(Limited Availability)</i>	<input type="checkbox"/>	Business Matters Session \$1,500 <i>(Limited Availability)</i>	<input type="checkbox"/>	Business Matters Session \$1,500 <i>(Limited Availability)</i>
<input type="checkbox"/>	Legal Marketplace Premium Upgrade \$995	<input type="checkbox"/>	Legal Marketplace Premium Upgrade \$995	<input type="checkbox"/>	Legal Marketplace Premium Upgrade \$995
	Item Sponsorship @ \$ _____		Item Sponsorship @ \$ _____		Item Sponsorship @ \$ _____
	Event Sponsorship @ \$ _____		Event Sponsorship @ \$ _____		Event Sponsorship @ \$ _____
Event Totals	\$	\$	\$	\$	\$

Total \$ _____

2017 ALA Regional & Specialty Conference Exhibit and Sponsorship Agreement

SIGN UP

Please complete, sign, and email to your Business Development Representative

OR

Fax to 443-281-0660

Written confirmation will follow

Agreement: It is understood that this application will become a binding contract upon acceptance by ALA, and in incorporated into this contract are the following terms, conditions and the Rules and Regulations (found at <https://www.alanet.org/sc/blc/exhibitors/Rules-Regulations.pdf>). The individual signing this agreement represents and warrants that he/she is authorized to execute this binding agreement on behalf of the exhibiting company, and should they be removed from their position, the contracting organization is required to fulfill the obligations under this agreement.

Payment Address:

Association of Legal Administrators
Attn: Account receivables-ALA
P.O. Box 95583
Chicago, IL 60694-5583.

Payment Policy: Applications must be accompanied by payment in full. CONTRACTS WILL NOT BE PROCESSED WITHOUT PROPER PAYMENT. No exceptions will be made.

Acceptance: The ALA reserves the right to exercise its sole discretion in acceptance or refusal of applications. If an applicant is not accepted by ALA, all money paid will be returned to the applicant.

Space Assignments: Priority for space assignments is based on date of received agreement (see Rules and Regulations bit.ly/ACExRules).

Cancellations: Up to 50% of this agreement may be cancelled with written notice until 6/1/17 After 6/1/17 all exhibitors or sponsors will be responsible for the full amount and terms of their agreement. Exhibiting company is responsible for payment of the total amount due to ALA as represented in terms of this agreement, regardless of exhibitor attendance or lack of attendance at the events represented in this agreement. All terms, conditions, and Rules and Regulations can be found at (<https://www.alanet.org/sc/blc/exhibitors/Rules-Regulations.pdf>).

Contact Information

Booth placement (See floorplan for availability): 1st Choice: _____ 2nd Choice: _____
 Company Name: _____
 Exhibiting as (if different than company name): _____
 Company Address: _____
 City: _____ State: _____ Zip: _____
 Web Address: _____
 Primary Contact Person: _____ Title: _____
 Email Address: _____ Phone: _____
 Alternate Contact Person: _____ Title: _____
 Email Address: _____ Phone: _____

Billing Information

Invoice my company at the provided address. I understand that payment is due upon receipt of invoice. Make checks payable to the Association of Legal Administrators, Attn: Account receivables-ALA, P.O. Box 95583, Chicago, IL 60694-5583, for U.S. Dollars only.

Credit Card:

I authorize ALA to charge \$ _____ to the credit card below.

Card Type: Visa MasterCard AMEX

Card Number: _____ Exp: _____ Security Code: _____

Billing Address if different then above: _____

City: _____ State: _____ Zip: _____

Signature (X)

Date: _____ Print Name _____ Title: _____

Special Instructions: _____