

NFPA 23607 Highway 99, Suite 2C Edmonds, WA 98026 Phone: 425.967.0045 Fax: 425.771.9588 Email dana@paralegals.org

Website - www.paralegals.org

2013 Joint Conference

As a sponsor or exhibitor, your support provides NFPA the opportunity to advance the paralegal profession with the highest quality and most accessible information to legal professionals throughout the United States. Exhibitors and sponsors can choose many types of sponsorship investment opportunities at the Joint Conference.

Exhibitor Table Top Display - \$500

This year's Joint Conference will feature tabletop displays for exhibitors, where exhibitors will display and discuss the latest innovations and technologies in the legal profession. This tabletop display is a value for both exhibitors and attendees. It provides the unique opportunity to develop personal relationships. Tabletop display includes 6' draped table, 1 chair, lunch on Friday & Saturday. Exhibit days are April 19 and 20.

AM/PM Breaks - \$750

As a sponsor of a refreshment break, your organization's name and logo will be prominently featured in the area where snacks and beverages are served, and also on the NFPA website and conference materials.

Lunch - \$1000

For our lunch sponsors, time will be allocated to give a short presentation, or demonstration if appropriate. You will also have the opportunity to distribute your company's literature and gifts/giveaways during the luncheon.

Additional Sponsorships Available upon Request. Please call Dana Murphy-Love at 425-967-0045 or email at dana@paralegals.org
Cancellation Policy: If an exhibitor or sponsor needs to cancel their commitment, they can do so without penalty 90 days in advance of the conference minus an administrative fee of \$50. Any cancelations after that period will receive no refund.

REGISTER TODAY for Joint Leadership Conference

| ☐ Exhibitor Table Top \$500 | ☐ AM/PM Breaks \$750 | ☐ Lunch \$1000 | ☐ Printed Materials \$500 |
|--|----------------------|----------------|---------------------------|
| Name | Firm | | |
| Address | | Phone (day) | |
| City, State, Zip | | | |
| Fax | | | |
| □ MC □ Visa □ AMEX Credit Card #_ | | | Exp Date |
| Billing Zip Code (must match credit card statement address) CVV: | | | |
| Name on Card | Signature | | |