

LASACT '12

Sponsorship Information

July 29 - August 1, 2012 -
Paragon Casino Resort ~ Hwy 1 - Marksville, LA

Platinum Sponsorship \$4000+

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
Three registrations for the Conference with special recognition badges
Opportunity to include promotional material in Conference packet

Gold Sponsorship \$3000+

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+

Recognition as Silver Sponsor at the Banquet and in Conference Program
Three quarter 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+

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 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
Paragon sponsors the coffee for each break. Contact LASACT office at 225.766.2992, or email
admin@lasact.org for other arrangements.

Betty Breen Memorial Tuition Foundation Scholarship Sponsorship

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

Banquet Sponsorship information available upon request - Negotiable

LASACT '12
Sponsorship Application
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Sponsor Name: _____

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

Contact Person: _____

Phone Number: _____ Fax _____ e-mail: _____

Sponsorship Package Selected (Check one):

Luncheon Platinum Gold Silver Bronze Hospitality Betty Breen

A registration form is included in this packet and is also downloadable from www.lasact.org.
List all "free" registrants' names below, and attach registration form for each person listed.

Sponsorship Check amount: \$ _____

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

Credit Card Type & #: _____ Expiration Date _____
Security Code _____ 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 1, 2012.

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 '12
Exhibitor Information / Application

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Exhibitor Name: _____

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

Contact Person _____

Phone Number: _____ Fax _____ email _____

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 CEH credits? (Check one) ___Yes ___No

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

Credit Card Type & #: _____ Expiration Date _____
Security Code _____ 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 2012.

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

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APPLICATION DEADLINE: To be assured of inclusion in the Conference Program Booklet, please submit application by June 1, 2012.

EXHIBITOR REGISTRATION: Starting at 12 noon on Sunday, July 29, 2012, 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 spaces and 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 1, 2012.

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 2012 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

LASACT '12
Advertising 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 .JPG or high resolution PDF
format to admin@lasact.org.**

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Advertising Application
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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*
 Full page - \$650 Three-quarter page - \$500
 Half page - \$400 Quarter page - \$300 Business Card - \$100

***First come; first served on cover pages inside and out**

Amount Enclosed: \$ _____

Camera Ready Copy Attached? Yes No

Ad must be e-mailed to admin@lasact.org in .jpg or high-resolution PDF format by June 1, 2012

Comments: _____

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

Credit Card Type & #: _____ Expiration Date _____
Security Code _____ Billing Zip Code _____

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Signature of responsible party

Date

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