



Association of Latino Administrators & Superintendents

2019 State Affiliates Leadership Conference Partnership Options

Lead Contact Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SPONSORSHIP OPPORTUNITIES (Select from the following options)

___ Friday, March 1 - Afternoon Session- \$5,000

- One, 20-minute speaking opportunity to address all State Affiliate administrators in attendance.
- Three follow up meetings arranged by business development

___ Saturday, March 2 - Morning Session- \$5,000

- One, 20-minute speaking opportunity to address all State Affiliate administrators in attendance.
- Three follow up meetings arranged by business development

___ Saturday, March 2 - Afternoon Session- \$5,000

- One, 20-minute speaking opportunity to address all State Affiliate administrators in attendance.
- Three follow up meetings arranged by business development

___ Saturday, March 2 - Night Session- \$5,000

- One, 20-minute speaking opportunity at dinner to address all State Affiliate administrators in attendance.
- Co-Host Dinner

___ Sunday, March 3 - Morning Session Ignite Talk - \$2,500

- 5 minutes or 20 Slides to address group

Total Sponsorship Amount: \$ _____



Association of Latino Administrators & Superintendents

Partner Attendee Contact Information:

1. Name: _____ Company: _____

Title: _____ Email: _____

2. Name: _____ Company: _____

Title: _____ Email: _____

METHOD OF PAYMENT (Please Check One)

Check Enclosed (Make checks payable to ALAS and mail to PO Box 65204, Washington, DC 200356)

Credit Card – CC# _____ Exp Date: ____/____

Name on CC: _____

Billing Address: _____

City: _____ State _____ Zip _____

Signature: _____ Date: _____

Email receipt to: _____

Please email completed form to cpandurini@alasedu.org