

ALAS



Association of Latino Administrators & Superintendents

ALAS PARTNERSHIP INTEREST FORM

LEAD CONTACT NAME _____
TITLE _____
COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____

PARTNERSHIP OPPORTUNITY

Presentation- ALAS State Affiliate Leadership Conference (SALC) - \$5,000
Location/Date: TBD

- Facilitate one (1) Twenty (20) minute Presentation with representatives from each of our state 16 affiliates (two representatives per state affiliate), the ALAS Board President and the ALAS Executive Director on the morning of March 3, 2018.
- Logo on ALAS Website
- Push on ALAS social media accounts (Facebook & Twitter) about partnership and presentation

TOTAL SPONSORSHIP AMOUNT **\$5,000**

METHOD OF PAYMENT (PLEASE CHECK ONE)

Check Enclosed

Bill Me (Purchase Order Required) Purchase Order Number: _____

Credit Card - CC# _____ Exp. Date _____ / _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Please Email Completed form to Nlewin@alasedu.org & Operations@alasedu.org