



ALAS PARTNERSHIP INTEREST FORM

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

PARTNERSHIP OPPORTUNITY

ALAS National Legislative Assembly - Washington, DC- April 24, 2017
\$ 2,500.00

- **Address the ALAS Legislative Assembly for three (3) minutes in the afternoon on April 24,2018.**
- **Recognition on ALAS materials , and by Executive Director at the Legislative Assembly**
- **Logo on ALAS Website**
- **Push on ALAS social media accounts (Facebook & Twitter) about partnership**

TOTAL SPONSORSHIP AMOUNT **\$2,500**

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**