

Vendor Sponsorship Form

I would like to be a sponsor at:

_____ A multi-site breakfast (breakfast is only once per year, usually in late February or early March). I want to be a sponsor at the following sites:

_____ Central Massachusetts

_____ North of Boston

_____ South of Boston

_____ Western Massachusetts

_____ A Chapter dinner meeting; specify meeting date(s) or Full Season (10% discount):

_____ date of dinner meeting

_____ full season

Rates effective as of June 2015 Dinner Meeting. 2015 Dinner Meeting Dates: June 11; September 17; and October 29

- \$150 annual multisite breakfast meeting per location
- \$350 per dinner meeting
- Annual Vendor Fair December 10, 2015. Please see separate signup form.

Sponsorship includes:

- the opportunity to network with and promote your service or product, in person, to the many elder law attorneys in attendance, who are eager to learn about resources which will benefit their clients as well as their practices
- the opportunity to provide a brief description of your company which will be included in the President's remarks at the beginning of the meeting
- one six-foot skirted table with two chairs for each Vendor (one vendor per table; no sharing)

MassNAELA does not provide meeting attendee lists to our Sponsors. We recommend a raffle at your table as a means of collecting names and contact information.

Please type or print:

Contact person: _____

Organization/Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ E-mail: _____

Continued on next page

Brief description of the product or service your company provides (30 second "elevator pitch"):

Names of company representative(s) who will staff your table:

1. _____
2. _____

BY MAIL:

Please return this form and your check payable to Massachusetts Chapter, NAELA to:

MassNAELA
c/o CompuWord
99 Bellingham Road
Chestnut Hill, MA 02467

I have enclosed check # _____ in the amount of \$ _____

Signature _____ Title _____ Date _____

BY EMAIL OR FACSIMILE:

You can also pay by credit card. We accept ___ American Express ___ MasterCard ___ Visa.

You can email this form and your credit card payment to: CompuWord@aol.com or

Fax to: 617-734-9758.

Card Number: _____ Exp. Date: _____ Amount: \$ _____

Billing Address: _____ City: _____

State: _____ Zip code: _____

Signature: _____ Date: _____

For more information, call our Chapter Administrator (CompuWord) at 617-566-5640.

NOTICE: The Massachusetts Chapter, NAELA reserves the right to decline any sponsor or sponsorship materials for any reason.