



Capital Chapter

# SPONSOR REGISTRATION FORM

## BECOME AN ALACC SPONSOR

Please select your preferred sponsorship level and complete this registration form. Send your completed registration form and payment to:

ALA Capital Chapter  
1030 15th St. NW  
Suite 400 East Tower  
Washington, DC 20005

Or email a pdf to:

[jdavis@alacapchap.org](mailto:jdavis@alacapchap.org)

Upon receipt of your registration form, you will receive a 2017 Sponsorship Guide with instructions for maximizing your sponsorship benefits. You will also be contacted for additional details to complete your sponsorship setup.

## OTHER IMPORTANT INFORMATION

- ◆ 2016 Business Partners are guaranteed the right of first acceptance at their current sponsorship level until December 2, 2016
- ◆ After December 2, 2016 changes in sponsorship level are available on a first come, first serve basis.
- ◆ Payment for sponsorship level is required by January 31, 2017

## IMPORTANT DATES

**December 2, 2016**

Registration Deadline/Commitment Letters Due

**December 5, 2016**

Changes in sponsorship level available on a first-come, first-serve basis

**January 1, 2017**

Program Begins

**January 31, 2017**

Payment Due

Limited Sponsorships available.

Applications will be processed in the order in which they are received.

**Yes! I want to be an ALA Capital Chapter Sponsor!**

Company \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Company website address \_\_\_\_\_

Please select a Sponsorship level (check one)

- |                          |                                |          |
|--------------------------|--------------------------------|----------|
| <input type="checkbox"/> | Diamond Partner (1 available)  | \$20,000 |
| <input type="checkbox"/> | Platinum Partner (6 available) | \$15,000 |
| <input type="checkbox"/> | Gold Partner (12 available)    | \$10,000 |
| <input type="checkbox"/> | Silver Partner (50 available)  | \$5,000  |
| <input type="checkbox"/> | Associate (unlimited spaces)   | \$1,500  |

Method of payment

Check (payable to ALA Capital Chapter)

Credit Card  Visa  MasterCard  American Express

Card# \_\_\_\_\_ CVV \_\_\_\_\_ Exp Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check this box if you would be interested in donating an item for a charity raffle.

Please mail with your payment to:

ALA Capital Chapter, 1030 15th Street NW  
Suite 400 East Tower, Washington, DC 20005

(Please keep a copy for your records)

Or email a PDF to [jdavis@alacapchap.org](mailto:jdavis@alacapchap.org)

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