

2020 LHPA CONFERENCE SPONSORSHIP FORM

March 5-6, 2020

New Orleans Hilton, Two Poydras Street, New Orleans, LA 70130

RESERVATIONS: <https://book.passkey.com/go/f1331623> - \$189 room rate

NEED AN INVOICE OR HAVE QUESTIONS? CALL LESLIE DAVIS, LHPA Coordinator @225-400-8476



PLEASE PRINT LEGIBLY and CHECK OR CIRCLE THE LEVEL OF SPONSORSHIP CHOSEN:

NAME OF SPONSOR BUSINESS: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF **SPONSOR** ATTENDEE – **REP #1:** _____

MOBILE #: (_____) _____ EMAIL: _____

SPONSORSHIP OPPORTUNITIES:

☐ **PLATINUM SPONSORSHIP - \$10,000:**

- Name identity as sole sponsor of **Annual Banquet** on Friday 3/6
- Double exhibitor space
- Recognition at banquet and opportunity to speak briefly about your organization
- Seat at head table with Executive Committee
- *Four company representative registrations for entire conference offerings/events

PLATINUM ONLY:

Rep #2: _____

Rep #3: _____

Rep #4: _____

☐ **DIAMOND SPONSORSHIPS - \$5,000:**

- Name identity as sole sponsor of **Welcome Reception** on Thursday 3/5
- Single exhibitor space
- Recognition at reception and opportunity to speak briefly about your organization
- *Two company representative registrations for entire conference offerings/events

DIAMOND ONLY:

Rep #2: _____

☐ **GOLD SPONSORSHIPS - \$2,500:**

- Name identity as sole sponsor of **(2) coffee breaks with exhibitors** on Friday 3/6
- Single exhibitor space
- *One company representative registration for entire conference offerings/events

☐ **SILVER SPONSORSHIPS - \$1,500:**

- Name identity as sponsor one of the following events on Friday 3/6 **(choose by circling:)**
- **Workshop/training meeting #1 - Workshop/training meeting #2 - Continental Breakfast – Spouse's Day Out**
- Single exhibitor space
- Recognition at workshop/training meeting OR continental breakfast by speaker or LHPA representative

**Conference attendees must include employees and/or spouses of company sponsoring event/not transferable*

By signing this agreement, we agree to make payment immediately to: Louisiana Heat Pump Association

(check can be given to the LHPA representative present or mail to: LHPA, P. O. Box 83182, Baton Rouge, LA 70884-3182)

Name of authorized representative: _____ Title: _____

Signature of authorized representative: _____