2020 Chapter Leadership Institute
July 16-18, 2020 - St. Louis, MO
Hyatt Regency St. Louis Arch

Reach ALA's Chapter Officers and Elected Representatives
Network with Over 90 Chapters at the Chapter Leadership Institute!
Chapter Leadership Institute
July 16-18, 2020 - St. Louis, MO

CLI By the Numbers

266 Attendees
80 Chapters Represented
6 Regions

Past Sponsors

Gold Sponsor - $10,000

Exclusive Attendee Access
- 4 full registrations
- 1 table top display
- Introduction at Opening Session
- Ability to greet the crowd and address audience during a general session (60 seconds)

Thought Leadership
- Participation as a thought leader at 1 panel session (limited based on availability)

Brand Impressions
- Logo on signage, slide deck, website, and marketing emails
- Inclusion in 2 marketing messages (logo, 25 words, link) to attending Chapter members
- Chair drop of your collateral or brochure at Opening Session
- 1 hand-out in attendee packet
- Inclusion in press release with mention of sponsor, ALA to produce copy (in attendee packet)
- Pre and post-show attendee list
- Push Notification - 1 push notification to attendees through app

Silver Sponsor - $4,995

Exclusive Attendee Access
- 2 full registrations
- 1 table top display

Thought Leadership
- Participation as thought leader at 1 panel session (limited based on availability)

Brand Impressions
- Logo on signage, slide deck, website, and marketing emails as Premier Chapter Leadership Sponsor
- Inclusion in 1 marketing message (logo, 25 words, link) to attending Chapter members
- Inclusion in 1 marketing message - Know Before You Go
- Push Notification - 1 push notification to attendees through app
- Pre and post-show attendee list

Bronze Sponsor - $2,700

Exclusive Attendee Access
- 2 full registrations
- 1 table top display
- Pre and post-show attendee list

Schedule of Events
alanet.org/cli

Contact & Reservations
To reserve your space contact:
667-206-4266

Don’t miss your chance to make a bold impression with chapter leaders!
SIGN UP
Please complete, sign, and email to your Business Development Representative
OR
Fax to 443-281-0660
Written confirmation will follow

Agreement: It is understood that this application will become a binding contract upon acceptance by ALA, and in incorporated into this contract are the following terms, conditions and the Rules and Regulations (found at www.ALAbp.org). The individual signing this agreement represents and warrants that he/she is authorized to execute this binding agreement on behalf of the exhibiting company, and should they be removed from their position, the contracting organization is required to fulfill the obligations under this agreement.

Payment Policy: Applications must be accompanied by payment in full. CONTRACTS WILL NOT BE PROCESSED WITHOUT PROPER PAYMENT. No exceptions will be made.

Acceptance: The ALA reserves the right to exercise its sole discretion in acceptance or refusal of applications. If an applicant is not accepted by ALA, all money paid will be returned to the applicant.

Space Assignments: Priority for space assignments is based on date of received agreement (see Rules and Regulations www.ALAbp.org).

Cancellations: By signing this agreement, the exhibiting company and individuals representing exhibiting company understand that this agreement and all its terms, conditions, and rules are non-cancelable. Exhibiting company is responsible for payment of the total amount due to ALA as represented in this agreement, regardless of exhibitor attendance or lack of attendance at the events represented in this agreement. All terms, conditions, and Rules and Regulations (found at www.ALAbp.org).

Contact Information
Company Name:_____________________________________________________________________________
Company Address:___________________________________________________________________________
City:_____________________________________________________State:______________Zip:_____________
Web Address:________________________________________________________________________________
Primary Contact Person:______________________________________Title:_________________________
Email Address:_______________________________________________Phone:________________________
Alternate Contact Person:__________________________________Title:_______________________
Email Address:___________________________________________Phone:_______________________

Billing Information
☐ Invoice my company at the provided address. I understand that payment is due upon receipt of invoice. Make checks payable to the Association of Legal Administrators, Attn: Account receivables-ALA, P.O. Box 95583, Chicago, IL 60694-5583, for U.S. Dollars only.

☐ Send invoice to alternate address.
Billing Address if different then above:___________________________________________________________________________
City:_____________________________________________________State:______________Zip:_____________

Signature (X)_____________________________________________________________________________________
Date:______ Print Name ____________________________ Title:___________________________________________