



ASLA 2017 Annual Meeting and EXPO Sponsorship Agreement October 20-23, Los Angeles

Contact Name: _____

Firm/Organization/Company: _____

Address: _____

City _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Web Site Address: _____ Twitter Address: _____

Billing Contact (if different from above): _____

Sponsorship Title(s): _____

Total Sponsorship: \$ _____

Submission of this signed form indicates agreement to pay 100 percent of the sponsorship fee. Payment in full must be received with the signed form. ASLA reserves the right to cancel sponsorships for non-payment. No refunds will be issued. This agreement is considered a confidential communication between ASLA and the Sponsor. This agreement may serve as your invoice.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Form of Payment:

____ A check payable to ASLA

____ Credit Card

Name as appears on card: _____

Credit card number: _____

Expiration date: _____

CVV #: _____

Return completed signed copy to:

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636 EYE STREET, NW
WASHINGTON, DC
20001-3736

www.asla.org
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