



SOUTH JERSEY PARALEGAL ASSOCIATION
SPONSORSHIP FORM

Date: _____ Sponsorship Selection: _____ Partner _____ Associate _____ Paralegal _____ Assistant _____
 Company/Organization: _____ Type of Business _____
 Company Contact Name: _____ Contact E-mail: _____
 Contact Phone #: _____ Address: _____

Please mail this form along with your check to: SJPA Attn: Sponsorship PO Box 9, Stratford NJ 08084 -OR- Pay via PayPal in the Sponsorship Tab & e-mail this form to beckyravell2017@gmail.com along with PayPal receipt

SPONSORSHIP INCLUSIONS	PARTNER LEVEL \$1200	ASSOCIATE LEVEL \$750	PARALEGAL LEVEL \$350	ASSISTANT LEVEL \$275
Attendance for (2) company employees at (2) SJPA CLE meetings available from September to April.				
FULL page Ad on the SJPA website for the fiscal year, with a link to your company website				
FULL page Ad in the SJPA Quarterly Newsletters				
Honorable mention with company logo/add on SJPA CLE Meeting RSVP Flyers & Forms (6-8x a year)				
Table-Top tent card advertisement at the Elections and Installation of Officers CLE Dinner Meetings				
5 -10 minute presentation of your company at (1) of the CLE meetings				
Access to our membership list				
HALF page Ad on the SJPA website for the fiscal year, with a link to your company website				
HALF page Ad in the SJPA Quarterly Newsletters				
Attendance for (2) company employees at (1) SJPA CLE meetings available from September to April.				
QUARTER page Ad on the SJPA website for the fiscal year, with a link to your company website				
QUARTER page Ad in the SJPA Quarterly Newsletters				