



LAKE STATES LUMBER ASSOCIATION 2017 WINTER MEETING

January 11-13, 2017

Radisson Hotel & Conference Center
Green Bay, WI

SPONSORSHIP OPPORTUNITIES

Lake States Lumber Association offers several sponsorships for the Winter Meeting. Check out the options below and let us know which sponsorship you would like to choose.

BREAKFAST SPONSOR—\$250

- Company name and logo displayed at 2017 LSLA Winter Meeting
- Sponsor name featured in all 2017 issues of *The Log*

LUNCH SPONSOR—\$250

- Company name and logo displayed at 2017 LSLA Winter Meeting
- Sponsor name featured in all 2017 issues of *The Log*

SOCIAL HOUR SPONSOR—\$250

- Company name and logo displayed at 2017 LSLA Winter Meeting
- Sponsor name featured in all 2017 issues of *The Log*

DINNER SPONSOR—\$250

- Company name and logo displayed at 2017 LSLA Winter Meeting
- Sponsor name featured in all 2017 issues of *The Log*

FOR LSLA MEMBERS: PREMIER SPONSOR—\$350

- Company name and logo displayed at 2017 LSLA Winter Meeting
- Exhibit space for table-top display at 2017 LSLA Winter Meeting
- One Associate/Employee pass to the LSLA Winter Meeting (\$175 value)
- Sponsor name featured in all 2017 issues of *The Log*

FOR NON-MEMBERS: SUPPORTING SPONSOR—\$850

- Company name and logo displayed at 2017 LSLA Winter Meeting
- Exhibit space for table-top display at 2017 LSLA Winter Meeting
- One Associate/Employee pass to the LSLA Winter Meeting (\$225 value)
- Sponsor name featured in all 2017 issues of *The Log*

If you would like to be a Sponsor for LSLA's 2017 Winter Meeting, please indicate below and return to us no later than Dec. 30, 2016. Return by fax, email or mail.

Sponsorship (check one):

- Premier Sponsor (\$350)
- Supporting Sponsor (\$850)
- Wednesday Welcome Reception Sponsor (\$250)
- Social Hour Sponsor (\$250)
- Dinner Sponsor (\$250)
- Lunch Sponsor (\$250)
- Breakfast Sponsor (\$250)

Method of Payment

- Bill Me
- Check Enclosed
- Credit Card

Company _____		Contact Person _____		
Address _____		City _____	State _____	Zip _____
Phone _____		Email _____		
Complete if paying by credit card:				
Credit Card # (Visa or MasterCard only) _____		Exp date _____	CVS (last 3 digits on back of card) _____	
Billing Address on Credit Card Statement:				
Street _____		City _____	State _____	Zip _____

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