



**Louisiana Mortgage Lenders Association (LMLA)**

**2017 Annual Conference**

**August 24-25, 2017**

New Orleans Hilton Riverside Hotel

2 Poydras St.

New Orleans, LA 70130

***Sponsor Registration Form***

***Return Completed Form w/Payment no later than June 30, 2017 to be included in the printed program for the Conference.***

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

**2017 LMLA Conference – Sponsorship Opportunity**

**PREMIUM SPONSOR– \$1,250**

- 1 table top/booth for the 2 hour trade show/luncheon
- 2 Full Conference Registrations
- Recognition in the written program
- Recognition on all display boards

Please list all attendees included in your company's complimentary and/or paid registration on the next page. **Please email your company LOGO to the following email address: [Office@lmla.com](mailto:Office@lmla.com) for the printed materials.**

*Louisiana Mortgage Lenders Association  
2017 Annual Conference  
Sponsor Registration Form (Page 2)*

Check Enclosed

Charge my card (see below for CC Info.)

***Credit Card Payments*** (American Express, Visa or MasterCard accepted)

Card Type (circle):    Visa    MasterCard    Amex    CVVS Code (3-4 digit) \_\_\_\_\_

Amount of Transaction: \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send Completed Sponsor Registration Form w/Credit Card Information to:

Email: [Office@lmla.com](mailto:Office@lmla.com)

Fax: 1-866-470-5797

Mail Checks with Completed Sponsor Registration Form to:

LMLA, 2561 CitiPlace Ct., Ste. 750-177, Baton Rouge, LA 70808

(Make checks payable to: Louisiana Mortgage Lenders Association, Inc.)

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Please print the first and last name of the company attendees included in your complimentary registration, along with email address, including additional names on purchased registrations.

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

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***ADDITIONAL SPONSORSHIP ATTENDEE (\$300.00 ADDITIONAL FEE PER PERSON)***

3. Name: \_\_\_\_\_ 4. Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

Office Use Only:    Date Received: \_\_\_\_\_    Check/CC: \_\_\_\_\_    Amount: \_\_\_\_\_