



PARALEGAL ASSOCIATION OF FLORIDA, INC. 2020 SPONSORSHIP/ADVERTISING ORDER FORM

Company: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Email: _____
 Website: _____
 Business Category: _____

Contact Information for Questions Regarding this Order

Person: _____
 Phone: _____
 Email: _____

PAYMENT METHOD

Check (TOTAL AMOUNT ENCLOSED \$ _____)
 Credit Card (TOTAL AMOUNT TO CHARGE \$ _____)
 Visa
 Mastercard
 American Express

Card Number: _____
 Exp. Date: _____ CVV: _____
 Cardholder Name: _____

Credit Card Billing Address Same as Above, If Not Please List Address Here

Address: _____
 City/State/Zip: _____
 Signature: _____

CHOICE CHAPTER:

Associate Level – Pick 6
 Supporter Level – Pick 3
 Friend of PAF – Pick 1

- ___ Big Bend ___ Boca Raton
- ___ Brevard ___ Broward
- ___ First Coast ___ Hillsborough
- ___ Palm Beach ___ Pinellas
- ___ Polk ___ Southwest
- ___ Suncoast ___ Treasure

PLEASE SELECT:

Corporate Sponsorship

- Partner \$5,000
- Associate \$2,500
- Supporter \$1,000
- Friend of PAF \$500

Digital Newsletter Ad

- Full Page \$100
- Half Page \$50
- Business Card \$30

TOTAL: \$ _____

**Return completed form with payment to: Paralegal Association of Florida, Inc.,
 P.O. Box 14051, Clearwater, Florida 33766 or via email to: admin@pafinc.org**