

RETURN COMPLETED APPLICATION TO:

By mail: 315 South Bellefield Avenue, Suite 416, Pittsburgh, PA 15213

By fax: 412-648-7145 (fax) By email: exhibits@maestrometings.org

COMPANY INFORMATION

Company Name	Contact Name
<hr/>	
Title	
<hr/>	
Address	
<hr/>	
City	State
<hr/>	
Postal Code	Country
<hr/>	
Phone	Email
<hr/>	

EXHIBIT BOOTH PACKAGES

- | | |
|---|---------|
| <input type="checkbox"/> Guadalajara Package (Island Booth) | \$2,715 |
| <input type="checkbox"/> Zapopan Package (Larger Booth) | \$2,245 |
| <input type="checkbox"/> Tlaxiapa Package (Traditional Booth) | \$1,755 |
| <input type="checkbox"/> Puerto Vallarta Package (Table) | \$995 |

Paper applications will be assigned a booth based on availability when the form is received by MaestroMeetings.

CONGRESS PROGRAM

- | | |
|------------------------------------|---------|
| <input type="checkbox"/> Full page | \$1,050 |
| <input type="checkbox"/> Half page | \$660 |

CONGRESS APP ADVERTISING OPTIONS

- | | |
|---|---------|
| <input type="checkbox"/> Devoted App Tab | \$1,120 |
| <input type="checkbox"/> Home Page Banner | \$1,435 |
| <input type="checkbox"/> Sessions Banner | \$690 |

MAILING LIST

- | | FOR-PROFIT ORGANIZATIONS | NON-PROFIT ORGANIZATIONS |
|---------------------|--------------------------------|--------------------------------|
| Pre-registrant list | <input type="checkbox"/> \$520 | <input type="checkbox"/> \$410 |
| On-site list | <input type="checkbox"/> \$575 | <input type="checkbox"/> \$460 |

SPONSORSHIP OPPORTUNITIES

Mark the box in front of the sponsorship opportunity that you would like. Choose as many as you want.

Signature Events:

- | | |
|---|----------|
| <input type="checkbox"/> Welcoming Reception | \$10,000 |
| <input type="checkbox"/> Gran Baile | \$10,000 |
| <input type="checkbox"/> Thank you Reception | \$10,000 |
| <input type="checkbox"/> Kalman Silver Award Luncheon | \$5,000 |
| <input type="checkbox"/> Exhibit Hall Reception | \$3,000 |
| <input type="checkbox"/> Journal Editors on "Getting Published" | \$3,000 |

Convention Services:

- | | |
|--|-------------------|
| <input type="checkbox"/> WI-FI Lounge | \$3,000/day |
| <input type="checkbox"/> Coffee Breaks in the Exhibit Hall | \$1,000 per break |

Additional Events:

- | | |
|--|---------|
| <input type="checkbox"/> Lanyards | \$3,000 |
| <input type="checkbox"/> Tote bags | \$5,000 |
| <input type="checkbox"/> Travel for one film director | \$1,500 |
| <input type="checkbox"/> Travel for Speakers and Presidential Panels | \$1,000 |

Award Sponsorships:

- | | |
|--|---------|
| <input type="checkbox"/> Charles Hale Fellowship for Mexican History | \$1,000 |
| <input type="checkbox"/> Luciano Tomassini Latin American International Relations Book Award | \$1,000 |
| <input type="checkbox"/> Bryce Wood Book Award | \$1,000 |
| <input type="checkbox"/> Premio Iberoamericano Book Award | \$1,000 |
| <input type="checkbox"/> LASA Media Award | \$1,000 |
| <input type="checkbox"/> Guillermo O'Donnell Award | \$1,000 |
| <input type="checkbox"/> Howard F. Cline Book Prize In Mexican History | \$1,000 |

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PAYMENT

50% deposit of total booth rental fee is due by December 15 with completed application. Balance of the rental fee is due by February 1. Any cancellation before February 1 will be refunded less a \$375 service fee. Any cancellation after February 1 will not be refunded.

PAYMENT METHOD

Check: Please make payable to LASA.
Mail to address listed above.

Wire transfer: (additional \$30 charge) send an email to exhibits@maestromeetings.org.

Credit Card:

Visa MasterCard American Express

Card # _____

Exp. date _____

CSV code _____

Name on card _____

Billing Address _____

City _____

State _____

Postal Code _____

Country _____

AUTHORIZATION

This contract must be submitted with an authorizing signature, agreeing to abide by all terms, conditions, and specifications and committing to the total tallied above. Any questions regarding a specific opportunity in advance of submission may be directed to the LASA Exhibits Manager, contact information above.

Authorized
Signature _____

Name _____

Title _____

Date _____

TOTAL

\$