



Corporate Sponsorship Application

The Paralegal Association of Rochester, Inc. ("PAR") is interested in having your Company become a Corporate Sponsor.

As a Corporate Sponsor, you will increase your visibility within the community and be recognized as a valuable alliance to our Association. PAR values your support and we look forward to working with you in the upcoming year.

To become a sponsor for one year, with the ability to renew each year thereafter, simply complete the following application and mail it with your check to:

PAR, PO Box 20106, Rochester, New York 14602-0106
Attention: Director of Sponsorship

Description of Tier Benefits

___ Gold Tier Sponsor \$400 per year

- Your Company's name listed on the PAR sponsorship page, along with your Corporate Logo, including a link to your Company's website and a description of your Company services (60 word limit).
- Recognition at all PAR major events, including but not limited to, the September Kick-Off Dinner, Annual Meeting and Holiday Luncheon.
- An invitation for two to each of the following events: September Kick-Off Dinner, Annual Meeting and Holiday Luncheon.

___ Silver Tier Sponsor \$300 per year

- Your Company's name listed on the PAR sponsorship page, along with your Corporate Logo, including a link to your Company's website and a description of your Company services (60 word limit).
- Recognition at all PAR major events, including but not limited to, the September Kick-Off Dinner, Annual Meeting and Holiday Luncheon.
- An invitation for two to each of the following events: Annual Meeting and Holiday Luncheon.

___ Bronze Tier Sponsor \$200 per year

- Your Company's name listed on the PAR sponsorship page, along with your Corporate Logo, including a link to your Company's website and a description of your Company services (60 word limit).
- Recognition at all PAR major events, including but not limited to, the September Kick-Off Dinner, Annual Meeting and Holiday Luncheon.
- An invitation for two to the Holiday Luncheon.

CORPORATE INFORMATION

Company Name: _____

Contact Name: _____

Address: _____

City: _____

State/Zip: _____

Phone No.: _____

Fax No.: _____

E-mail: _____

Web Address: _____

Sixty Word Description of Services: _____
