PLTA CHAPTER SPONSORSHIP FORM

Pennsylvania Land Title Association
1010 W. 8th Avenue, Suite H | King of Prussia, PA 19406
800-545-7584 or 610-265-5980 | Fax: 610-265-5998 | Email: info@plta.org

PLTI
Educating land title professionals since 1978

Chapter (select one):

☐	Central Chapter	☐	South Central Chapter
☐	Lehigh Valley Chapter	☐	Southeastern Chapter
☐	Northeastern Chapter	☐	Western Chapter
☐	Northwestern Chapter		

PLTA Chapters are permitted to advertise sponsorship opportunities; they are available first come, first served.

Event: _____

Event Date: _____

☐ Chapter Education Sponsor (multiple) Member $300.00 / Non-Member $500.00

☐ Chapter Education Sponsor (single) Member $500.00 / Non-Member $700.00

☐ Chapter Breakfast Sponsor (multiple) Member $750.00 / Non-Member $1,000.00

☐ Chapter Breakfast Sponsor (single) Sponsor to cover the final meal invoice in full (billed after event).

☐ Chapter Lunch Sponsor (multiple) Member $1,000.00 / Non-Member $1,500

☐ Chapter Lunch Sponsor (single) Sponsor to cover the final meal invoice in full (billed after event).

- Single sponsor selections, limited to one sponsor per event.

Total Amount Due: . . . . . $_____

To confirm your sponsorship, please submit your deposit and signed form 30 days prior to the event date.

Company Name: _____ Contact Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Telephone: _____ Website: _____

Are you a PLTA Member? (Circle one) Yes No

Please note: Registration for attendees must be made and paid separately (not included in sponsorship)

Payment: Payment accepted by **check made payable to "PLTA"**. Please mail signed contract to: PLTA, 1010 West 8th Avenue, Suite H, King of Prussia, PA 19406. Please pay by check or a minimum 4% credit card surcharge will be included for credit card payments.

Printed Name: _____ Date:_____

Signature: _____

Payment Processing:

My check for $_____ is enclosed payable to PLTA (Payment by check is appreciated)

I would like to pay by credit card. Type of card: _____

Card #_____ Expiration _____ CSV Code:_____

Printed name on card:_____Signature:_____

(Name/address on registration form must match the cardholder's name and address)

This agreement will not take effect until payment is received.

Thank you for your continued support of PLTA!