



**Louisiana Emergency Preparedness Association**

A Statewide Association of Emergency Service Personnel

8550 United Plaza Blvd., Suite 1001

Baton Rouge, La. 70809

Phone: (225) 408-4757 • Fax: (225) 408-4422

February 13, 2008

The 29<sup>th</sup> Annual Louisiana Emergency Preparedness Association /Governors Office of Homeland Security Emergency Preparedness (LEPA/GOHSEP) Workshop is scheduled for June 2 - June 5, 2008 at the Holiday Inn Select Baton Rouge, Louisiana. This year's workshop will offer a host of quality speakers addressing timely topics of utmost importance to the emergency preparedness professionals.

We hope that you will join our list of sponsors at this dynamic workshop. Recognition of your generosity will be highlighted at the workshop, in our newsletter, and on our website. If you would like to make a tax-deductible donation, please respond by completing the enclosed form. Any monetary contribution is greatly appreciated. Visit our website at [www.lepa.org](http://www.lepa.org) to get more information on our association and the workshop. Please make your check payable to LEPA and mail to the above address.

Thank you,

Alan Hunsberger  
Workshop Sponsor Coordinator

## ***Join the list of sponsors and contributors for the 29th Annual LEPA/GOHSEP Workshop!***

Sponsors assist the Association when they sponsor or reimburse LEPA for events. You may also make a monetary donation to be used for the workshop at the discretion of the LEPA Workshop Committee. Your donation is greatly appreciated. Finally, you may choose to give to the Association by supplying door prizes to be given out throughout the Workshop or bag stuffers for the registration bags (i.e., cups, pens, pencils, magnets, etc.).

Benefits of sponsorship include printed recognition in the official meeting program, recognition in the newsletter and on the website, recognition of sponsors from the podium at various times during the workshop, and a sign with your company's name and logo at the event. You will be recognized according to the amount of your donation. The levels are listed below.

**Platinum**  
(over \$2,500)

**Gold**  
(\$1,501-2500)

**Silver**  
(\$500-\$1500)

**Bronze**  
(under \$500)

Please check the type of sponsorship you wish to participate in, noting event if relevant, and fill out the sponsorship form on the reverse side of this page.

### **\_\_\_\_\_ Event**

#### **Monday, June 2, 2008**

\_\_\_ Golf Tournament (7:30-12:00 p.m.)

\_\_\_ President's Reception (6:00-9:00 p.m.)

#### **Tuesday, June 3, 2008**

\_\_\_ Breakfast (7:00-8:15 a.m.)

\_\_\_ Evening Social with Vendors (5:00-6:30 p.m.)

\_\_\_ Lunch (served in Exhibit Hall) (12:00-1:30 p.m.)

\_\_\_ Membership Banquet (7:00-9:00 p.m.)

\_\_\_ Afternoon Break (3:00-3:30 p.m.)

#### **Wednesday, June 4, 2008**

\_\_\_ Breakfast (7:00-8:15 a.m.)

\_\_\_ Afternoon Break (3:00-3:30 p.m.)

\_\_\_ Morning Break (10:00-10:30 a.m.)

\_\_\_ Evening Meal (6:00-9:00 p.m.)

\_\_\_ Lunch (served in Exhibit Hall) (12:00-1:30 p.m.)

### **\_\_\_\_\_ Monetary Donation, unspecified event or program**

Please list amount of donation: \_\_\_\_\_

### **\_\_\_\_\_ Door Prize**

Donated door prize description: \_\_\_\_\_ Value: \_\_\_\_\_

### **\_\_\_\_\_ Registration Bag Stuffer**—Please provide in quantities of 150

Bag stuffer description: \_\_\_\_\_ Value: \_\_\_\_\_

**Please complete reverse side of this form.**

**Sponsorship Offered By:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX #: \_\_\_\_\_

We wish to sponsor an event as indicated above:

SIGNATURE: \_\_\_\_\_

We must have logos in our office by **April 30, 2008**, in order to have them incorporated in the program and signage for the Meeting.

**MAIL TO:** Louisiana Emergency Preparedness Association

ATTN: Lisa Young, 8550 United Plaza Blvd., Suite 1001, Baton Rouge, LA 70809

Telephone: (225) 408-4757

Facsimile: (225) 408-4422

Tax ID#: 72-1133968

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**PAYMENT METHOD:**  *Check Enclosed*     *Visa*     *MasterCard*     *American Express*

**Name on Credit Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Credit Card No.:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Amount to be Charged: \$** \_\_\_\_\_

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OFFICE USE ONLY:    RECEIVED: \_\_\_\_\_    DATE PROCESSED: \_\_\_\_\_    CHECK #: \_\_\_\_\_    AMOUNT: \_\_\_\_\_    CC AUTH: \_\_\_\_\_

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Please make checks payable to LEPA.