

PIA Southern Alliance Summit Partnership PROGRAM



Partnering with the PIA Southern Alliance gives your company access to many of our great benefits and exposure to thousands of our member agents throughout the South.

Our Partnership Program was designed to be a “One Check Covers All” program, offering five levels, with benefits that increase as you move up.

Summit Annual Membership Fee:

\$4,000

(January - December)

Program Benefits

Annual Convention

- Sponsorship at Annual Meeting & Tradeshow
- Three (3) attendee registrations at Annual Meeting & Tradeshow
- Exhibit booth at Annual Meeting & Tradeshow
- Specialty display for PIA exhibit booth recognizing Partners
- One (1) half page, color advertisement in Convention Program

Advertising & Marketing

- Four (4) ads per year in the PIA Newline E-Newsletter
- Inclusion in the annual products & services insert
- Inclusion in the monthly Education E-Letter
- Reach over 2,000 Agencies & 12,000 Agents each month

Education Expo

- Table top display at mini-tradeshow
- Two (2) complimentary registration
- One (1) half page advertisement in the Education Expo program

Plus These Additional Benefits:

Membership

- Membership for all partner staff
- Use of the PIA Learning Center up to 4 times/year

Access

- Member Rates at Association conferences
- Receive all Association mailings & electronic communications
- Updates on key Legislative Issues
- PIA Membership List (upon request)
- Use of PIA logo



IS INTERESTED IN JOINING THE
PIA SUMMIT PARTNERSHIP PROGRAM

GENERAL INFORMATION

Company Name _____

Website _____

Contact _____

Job Title _____

Phone _____ Fax _____

Email _____

Mailing Address _____

City _____ State _____ Zip _____

Shipping Address _____

City _____ State _____ Zip _____

Our company was invited to partner with PIA by: _____

PAYMENT INFORMATION

CHECK in the amount of: \$ _____
Make payable to PIA Southern Alliance

CHARGE: \$ _____
% / Full amount (circle one)

AMEX Discover Mastercard Visa

Name on Card: _____

Credit Card Number: _____

Expiration: _____ CVV2#: _____ Billing Zip: _____

Cardholder's Signature: _____

MEMBER NAMES

Mr./Ms. _____

Email _____

Job Title _____

License # _____

State _____

Mr./Ms. _____

Email _____

Job Title _____

License # _____

State _____

Mr./Ms. _____

Email _____

Job Title _____

License # _____

State _____

Mr./Ms. _____

Email _____

Job Title _____

License # _____

State _____

Please attach list of additional members.

Summit Annual Membership Fee:

\$4,000

(January - December)

PLEASE MAIL OR FAX COMPLETED FORM WITH PAYMENT TO:

3805 Crestwood Pkwy NW, Ste. 140
Duluth, GA 30096
Phone: 770.921.7585 | Toll-Free: 800.233.4902
Fax: 770-921-7590