



LSRT Sponsorship/Exhibitor Agreement

Company Name: _____

Company Contact/Representative Name: _____

Email and Phone: _____

Mailing Address: _____

Sponsorship/ Exhibitor Selection #: (Please choose from the options presented only for the 2025 event.)

_____ (1-5, or combination as requested)

Total cost of that Sponsorship/Exhibitor: \$ _____

Payment Information: (Check One):

Company check _____ (ck# _____) Cashier's Check _____ (Ck# _____)

Please mail this form with the check or cashier's check to: Megan Wedgeworth, 228 Goldsby Circle
Stonewall, LA 71078.

Please read the following carefully:

- Your signature below indicates you agree to pay the sponsorship fee to LSRT for the sponsorship selected and to abide by all professional and appropriate guides of mitigation and conduct while participating in this event. The LSRT agrees to provide you the exposure as promised for your Sponsorship/Exhibitor selection at the minimum as presented.

Print: _____ Sign: _____ Date: _____

- This agreement is the attendance taking their own person risk in attendance with a mask with hand cleaning and the LSRT will not be held responsible in any way for their participation and attendance in accordance with this event. _____ (initial)