



2024 OCBA College of Trial Advocacy - Civil (COTA)

Orange County Bar Association, 4101 Westerly Place, Newport Beach, CA, 92660

SPONSORSHIP APPLICATION FORM

I would like to be a sponsor at the following **TUESDAY EVENING (5:00 p.m. - 8:45 p.m.) PRESENTATION(S)**:

- | | | |
|---|--|--------|
| <input type="checkbox"/> Sept. 10, 2024 | Introduction, Ethics & Professionalism, Preparation for Trial, and Expedited Jury Trials | \$1500 |
| <input type="checkbox"/> Sept. 17, 2024 | Law & Motion & Voir Dire, Courtroom Communication Skills | \$1500 |
| <input type="checkbox"/> Sept. 24, 2024 | Mini Opening Statement, Opening Statement & Demonstrative Evidence at Trial | \$1500 |
| <input type="checkbox"/> Oct. 1, 2024 | Direct & Cross Examination | \$1500 |
| <input type="checkbox"/> Oct. 8, 2024 | Closing Argument | \$1500 |

Sponsorship includes: recognition/logo on flyer, sign w/logo, exhibitor table & recognition at podium.

I would like to be a sponsor at the **SATURDAY MORNING (8:30 a.m. - 12:00 p.m.) PRESENTATION(S)**.

- | | | |
|---|-------------------------------------|-------|
| <input type="checkbox"/> Sept. 21, 2024 | Voir Dire Workshop | \$750 |
| <input type="checkbox"/> Sept. 28, 2024 | Opening Statement Workshop | \$750 |
| <input type="checkbox"/> Oct. 5, 2024 | Direct & Cross Examination Workshop | \$750 |
| <input type="checkbox"/> Oct. 12, 2024 | Closing Argument Workshop | \$750 |

Sponsorship includes: name recognition/logo on flyer, sign with your logo, and recognition at podium.

Company Name _____ (As you want it to appear on the sign provided)

Exhibitor Representative(s) (for Tuesday Evenings Only)

Name(s) _____

Address _____ City _____ Zip _____

Contact Name _____

Phone _____ Fax _____ E-Mail _____

Description of product or service: _____

[Please provide your current, high resolution, logo in electronic format to education@ocbar.org. Exhibitor is responsible for any items displayed on their exhibit table or sent for display during the program.]

My signature below indicates I have read, understand and agree to all the information on this application.

Exhibitor Signature

Exhibitor Title

Date

\$ _____ **Enclosed / To Be Charged. (Pre-Payment Required)**

☐ **Check (payable to OCBA)** Visa / Mastercard / American Express / Discover

Card#: _____ CVV: _____ Exp. Date: _____

Cardholder Name: _____ Signature: _____ Billing Zip code: _____

Return Form & payment to: OCBA, Attn: Education Dept., P.O. Box 6130, Newport Beach, CA 92658 • By Email: education@ocbar.org