

CONTINUING EDUCATION

PARTNERSHIP OPPORTUNITIES



CONTINUING EDUCATION

is one of the most important benefits LACPA offers to both members and non-members. In addition to the desire to continue to learn, most mental health professionals are required to earn a certain number of continuing education credits to maintain licensure. LACPA is proud to be a long-time APA-approved CE sponsor with a reputation for popular, high-quality programs. We are now inviting new Continuing Education Partners to support LACPA CE programs. It is a great opportunity to share your company and special offers with thousands of mental health professionals and advocates.

PARTNERSHIP INCLUDES:



- Your company's logo (which is linked to your website) will be listed on all LACPA Continuing Education Series emails, including the confirmation emails for attendees, as well as on the upcoming CE page on the website. Emails are sent to an average of 6000+ mental health professionals in the L.A. area. Average advertising email notices per year: 26 (two times a month or more).
- If you are offering LACPA members a special discount on your services or products, LACPA will also list your company's offer on our Member Benefits information that is sent out to all new members and posted on the LACPA website page as well. LACPA membership is currently 1100+
- LACPA will also put your logo on a Partners slide that will be played at the beginning of all the LACPA Lunch and Learn CE programs.
- LACPA will post a "thank you" partnership post on all of our social media platforms (Instagram, Facebook, Threads, X, LinkedIn) and tag yours at the beginning of the partnership.

Packages are to be paid for in full and will begin once payment is received.

We look forward to partnering with you!

PARTNERSHIP CONTRACT

Company Name :

Name of Authorized Representative:

(This person will receive ALL future instructions)

Representative Title:

Street / Mailing Address:

City / State / Zip:

Email:

Phone:

Website:

Social media public usernames:

PLEASE INDICATE YOUR SELECTION:

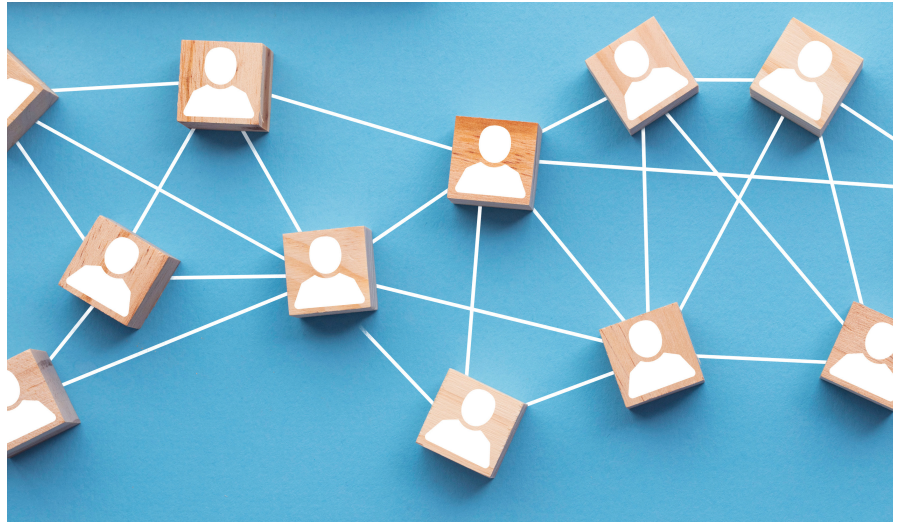
Ruby: (3 months) \$1500

Sapphire: (6 months) \$3000

Emerald: (12 months) \$5000

PLEASE SIGN HERE:

I agree to all LACPA partnership regulations.



PAYMENT INFORMATION:

Card Type:

Amount to be charged: \$

Card Number:

Exp. Date:

Security Code:

Card Holder's Name:

Billing Address:

Street:

City:

State:

Zip Code:

Signature