4th Bi-Annual Summit on Aging

Exhibitor/Vendor Application Form

September 18, 2018

\_\_\_\_I am interested in attending, please send me more information by: \_\_\_Mail \_\_\_\_E-mail

\_\_\_\_I am interested in presenting a workshop. Please call me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Individuals Attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Check One: | Exhibitor/Sponsor Packages | Cost | What the Sponsorship Package Includes: |
|  | Exhibitor Package | $50 | One Skirted Table & two chairsWireless internet, company Name and Information listed in Event Program |
| Full Page \_\_\_Half Page\_\_\_Quarter Page\_\_ | Advertising Packages | Varied | **Full Page**, Full color program ad $100**Half Page**, Full Color Program Ad $75**Quarter Page**, Full Color Program Ad $50 |
|  | Sponsorship package #1 | $250 | One skirted table, two chairs**Half Page ad** in the program bookletCompany link placed on Social Networking and online**2 Tickets** to the conference  |
|  | Sponsorship Package #2 | $500 | One skirted table, two chairs**Full Page ad** in the program bookletCompany link placed on Social Networking and online and company listed in press releases**4 Tickets** to the conference |
|  | SponsorshipPackage #3 | $1000 | One skirted table, two chairs**Full Page ad** in the program bookletCompany link placed on Social Networking and onlineSponsorship poster with logo on stage **8 tickets** to the conference  |

\*\*If you would like to sponsor without use of an exhibit table, please check here after selecting a level. \_\_\_\_\_\_

\*\*Make checks payable to: WNY Independent Living, Inc.\*\*

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Email to: mwaringa@wnyil.org or call 716-836-0822 ext. 146