

2013 SPONSOR/EXHIBITOR/ADVERTISING APPLICATION FORM

Organization: _____

Address: _____

Contact Person's Name & Title: _____

Phone: _____ Email: _____

Sponsors

We would like to Sponsor the Conference at this level:

Patron (\$5,000 +) Sponsor (\$3,500+) Supporter (\$2,000+)

Friend (\$1,000+) Colleague (\$500+) Booth for Event

TOTAL: \$ _____

(Please List Exhibit Booth Selection Under Exhibitor; Exhibit Booth NOT Confirmed Until Payment Received)

Name of Event/Item to Sponsor (Optional): _____

Payment Must Be Received by August 7, 2013

Provide Complimentary Registration(s) for (List Names): _____

Please List Special Needs (Vegetarian Meals, etc.) _____

Exhibitors

Exhibit Table: Use Exhibit Table Layout to Select Location

of Exhibit Tables _____ X \$550 by July 17, 2013; \$650 After July 17, 2013 = \$ _____

PLEASE NOTE: Exhibit Table Selection Cannot be Assigned Until Payment Received! (Pay by Mail: Confirm on Check Arrival!)

Electrical Outlets: We Need _____ at \$45 per 110 Watt Outlet = \$ _____

Additional Team Members for Sponsors & Exhibitor at Conference (Includes All Meals & Breakout Sessions):

For Two Days of Conference: # of Individuals _____ X \$135 Each = \$ _____

For One Day of Conference: # of Individuals _____ X \$80 Each = \$ _____

Exhibit Table Selection:

Choice #1: _____

Choice #2: _____

Choice #3: _____

Authorized Exhibitor's Name as it Should Appear in the Final Conference Program: _____

TOTAL: \$ _____

Provide Two Complimentary Registrations for (List Names): _____

Provide Additional Registration(s) for (List Names): _____

Note Names by 2 Day & 1 Day (W or Th) _____

Please List Special Needs (Vegetarian Meals, etc.) _____

Advertisers

I Want to Be a Door Prize Donor for this Conference

We would like to Place ad Ad in the Conference Program:

Two Page Spread (\$550) One Page Spread (\$300) \$ _____

1/2 Page Spread (\$170) 1/4 Page Spread (\$90)

Less 20% discount off price of **Ad ONLY** if Purchase **BOTH** an Ad & Exhibit Table by July 17, 2013 TOTAL: \$ _____

Send in your Payment by August 7, 2013 (by July 17, 2013 if Using \$550 Rate for Exhibit Tables)

Hotel Room Allocation (\$89.00 Room Rate per Night)
Need # _____ Room(s) for _____ Wednesday & _____ Thursday

TOTAL PAID or ENCLOSED: \$ _____

Method of Payment

Check (ACH Payment on Application Form on Website; By Mail, Make Payable to: **Senior Support Initiatives, Inc.**)

Credit/Debit Card (Make Payment on Application Form on Conference Website: www.kscoa.org)

SPONSORS & EXHIBITORS: Please email a website banner ad (728 x 90 pixels) to be placed on www.kscoa.org until Event

IMPORTANT: Completed form must be accompanied by check or credit card payment through Conference Website

If Paying by Mail, Complete Application Form on Conference Website or This Form & Mail Payment to:

SENIOR SUPPORT INITIATIVES, INC., P.O. Box 4566, Topeka, KS 66604-4566, Mobile: 785-806-7806, Email: bfaught@kscoa.org