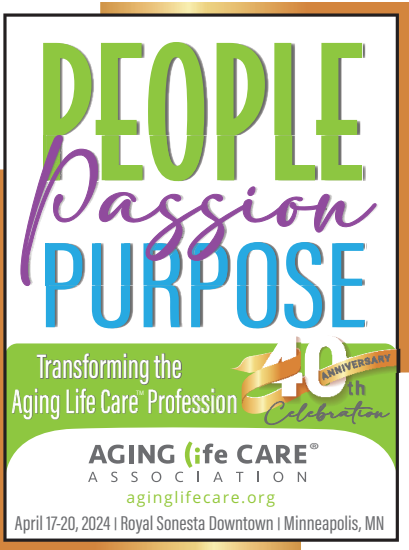


ALCA Office Use Only: _____
Date Rec'd: _____
Payment Rec'd: _____



SPONSOR /EXHIBITOR AGREEMENT FORM



Special Pre-Conference Sessions Wednesday, April 17, 2024
Opening Reception Wednesday, April 17, 2024
Conference Dates Thursday, April 18, 2024 – Saturday, April 20, 2024
Exhibit Dates Thursday, April 18, 2024 – Friday, April 19, 2024

To register, complete this form and send by email to blekoshapiro@aginglifecare.org. Agreement and payment must be received by February 28, 2024. Space is limited and assigned on a first-come, first-served basis.

Organization/Company Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Web Address:** _____

Primary Contact for Planning: _____ **E-mail:** _____

Primary Contact On-Site: _____ **E-mail:** _____

PLEASE CHECK THE APPROPRIATE BOX(ES).

SPONSORSHIP REGISTRATION

- \$20,000 RUBY SPONSOR**
Opening General Session Keynote (Thurs)
- \$15,000 EMERALD SPONSOR**
 Annual Business and Awards Event (Thurs)
 Thursday General Session (Thurs)
- \$10,000 DIAMOND SPONSOR** (2 Available)
 Friday General Session (Fri)
- \$7,500 SAPPHIRE SPONSOR** (3 Available)
 Tote Bags Technology Photo Booth
- \$6,500 JADE SPONSOR** – Hotel Key Cards
- \$6,000 Pearl Sponsor** (2 Available)
Saturday General Session
- \$4,500 Break Sponsor** (Multiple Available)
- Other** _____

EXHIBIT TABLE REGISTRATION:

SINGLE TABLETOP EXHIBIT PACKAGE

- Member / Partner Rate \$2,500
- Non-member / Non Partner Rate \$3,000

DOUBLE TABLETOP EXHIBIT PACKAGE

- Member / Partner Rate \$4,800
- Non-member / Non Partner Rate \$5,800

ADD-ON OPPORTUNITIES

- Video Ads:** Member / Partner Rate \$1,500 Non-member / Non Partner Rate \$2,000

Custom sponsorship packages are available. – please contact Bonnie Leko-Shapiro at blekoshapiro@aginglifecare.org or 520.881.8008

(continued on next page)

Organization/Company Name: _____

ALCA SPONSOR /EXHIBITOR AGREEMENT FORM (CONTINUED)

ON-SITE ADVERTISING:

TOTE BAG INSERTS \$1,250 ALCA Tote Bag Inserts

ON-SITE PROGRAM

- Full-Page Ad Member / Partner \$650 Non-member / Non Partner \$750
- Half-Page Ad Member / Partner \$400 Non-member / Non Partner \$500
- Quarter-Page Ad Member / Partner \$300 Non-member / Non Partner \$400
- Business Card Ad Member / Partner \$225 Non-member / Non Partner \$325

Organization/Company Name: _____

- I am interested in paying ALCA Corporate Partner rates! Attached, please find the completed Corporate Partner Application.
- Please contact me when Conference Attendee Registration is open. I am interested in purchasing full Conference Registration at a 50% discount for up to two exhibitor staff.

Please describe the product, equipment, or service you will be exhibiting (this will be used for company description on online app):

I would prefer not to be assigned to a table next to or near: _____

Two badges per table will be issued for personnel staffing your exhibit. Additional namebadges and meal tickets can be ordered at a later date.

Namebadge #1 _____ E-mail _____

Namebadge #2 _____ E-mail _____

Please note: Electricity, telephone, Internet, and hotel shipping and handling charges are not included in the exhibitor package and will be at company's expense. Details to follow prior to event.

Do you anticipate needing electrical access? Yes No

Do you anticipate needing telephone and/or Internet access? Yes No _____

PAYMENT INFORMATION

Enclosed is our check in the amount of \$_____

Please make payable to the Aging Life Care Association and mail to address below by February 28, 2024.

Please charge my:

VISA MasterCard American Express in the amount of \$_____

Card # _____ Exp. Date _____

Cardholder's Name (please print) _____ Signature: _____

EXHIBITING TERMS AND CONDITIONS The exhibitor assumes the entire responsibility for losses, damages, and claims arising out of exhibit's activities and will indemnify, defend, and hold harmless ALCA, their agents, servants, and employees from any and all such losses, damages and claims. Please note, your signature signifies acceptance of all terms and conditions of exhibiting.

Signature _____ Date _____

Schedule of cancellation fees are noted. No refunds will be made after February 28, 2024



BY MAIL OR FAX: 520.325.7925
Aging Life Care Association, Attn: 2024 Conference
3275 West Ina Road, Suite 130, Tucson, AZ 85741

For sponsorship or exhibiting opportunities, contact Bonnie Leko-Shapiro at blekoshapiro@aginglifecare.org or 520.881.8008