A taste of

Senior Living

October 24, 2019

**THANK YOU FOR PARTICIPATING IN A TASTE OF SENIOR LIVING! WE ARE EXCITED TO HAVE YOUR SUPPORT AS A GOURMET SPONSOR!**

**GOURMET SPONSOR: $2,500**

**WHERE:** TEN OAKS BALLROOM, 5000 Signal Bell Lane, Clarksville, MD 21029

**WHEN:** October 24, 2019, 5:00 – 7:30 pm

**SET UP:** BEGINS AT 3:15 PM ON THE DAY OF THE EVENT. PLEASE BE FINISHED WITH SET UP BY 4:45 PM.

**GOURMET SPONSORSHIP INCLUDES:** SKIRTED PREMIUM ROUND TABLE, ENTRY FOR 4 REPS,ADVANCED ADVERTISING (PLEASE PROVIDE YOUR LOGO), LOGO ON EVENT SIGNAGE, VERBAL RECOGNITION AT EVENT.

**OPTIONAL:** YOU MAY BRING MARKETING MATERIALS AND A COMPANY SIGN. WE ENCOURAGE YOU TO OFFER A DOOR PRIZE – PLEASE LET US KNOW IF YOU’D LIKE TO DO SO.

WE WILL SEND YOU AN EMAIL THE WEEK BEFORE THE EVENT WITH CONTACT INFORMATION FOR ATTENDEES. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT LESLEY FLAIM: [lflaim@lifespan-network.org](mailto:lflaim@lifespan-network.org) 410.381.1176 ext. 261.

**AGAIN, THANK YOU FOR SUPPORTING LIFESPAN’S ‘A TASTE OF SENIOR LIVING’!**



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Email to: [lflaim@lifespan-network.org](mailto:lflaim@lifespan-network.org) or fax to 410-381-0240

**A Taste of Senior Living, October 24, 2019, 5:00 – 7:30 pm**

**TEN OAKS BALLROOM, 5000 Signal Bell Lane, Clarksville, MD 21029**

**Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rep 1 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rep 2 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rep 3 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rep 4 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GOURMET SPONSOR: $2,500**

**Payment information**

Paid by check (Payable to The Beacon Institute) number\_\_\_\_\_\_\_\_

Paid by Credit Card (circle one): Visa Mastercard American Express

Name on Card:

Card Number:

Address for Card:

Exp Date: Code:

Card Holder’s email address:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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