A taste of

Senior Living

wINE tASTING Sponsor

October 24, 2019

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

**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.

**INCLUDED:** ROUND TABLE (SKIRT PROVIDED). TWO REPS TO ACT AS GUEST POURERS OF WINE (WINE PROVIDED BY LIFESPAN).

**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 410.381.1176 ext. 261.

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



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Email to 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wine Tasting Sponsor: $795**

**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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