

2020

2020 CAADS Virtual Fall Conference

November 17 19, 2020

Sponsorship Opportunities

A Great Way to Support Adult Day Services!

Pledge your support by **September 28, 2020**, to be listed in Conference marketing materials and/or by **November 5, 2020**, to be listed in program that is distributed to registrants. All Sponsors receive a full conference attendee list with names and addresses. Questions? Email Pam at CAADS: pam@caads.org.

☐ **BRONZE*** \$ 350

- ◆ Listing in conference materials with logo and link to website

☐ **SILVER*** \$ 500

- ◆ Listing in conference materials with logo and link to website
- ◆ Quarter page ad (artwork to be emailed to pam@caads.org prior to deadlines listed above)

☐ **GOLD*** \$ 1,000

- ◆ Listing in conference materials with logo and link to website
- ◆ Half page ad (artwork to be emailed to pam@caads.org prior to deadlines listed above)
- ◆ Education session facilitator where the first 10 mins can be used to showcase your product followed by you introducing the presenter of the educational course of your choice. (Only 1 vendor per educational course permitted. Course confirmation will be made by Pam Amundsen once form and payment is received.)

**As a participating sponsor, we hereby agree to assume financial responsibility as indicated. It is further acknowledged that the person signing below has authority to do so on behalf of the participating organization. Sponsorships confirmed based on date and time payment and form are received by CAADS.*

Please check the box next to your sponsorship preference, and complete the contact and payment information.

DEADLINES

September 28, 2020
to be listed in Conference
marketing materials

November 5, 2020
to be listed in Conference program

Submit completed form and payment to CAADS by Mail, Email or Fax:

CAADS
1107 9th Street, Suite 701
Sacramento, CA 95814-3610

Tel: 916-552-7400
Fax: 866-725-3123
Email: pam@caads.org

Organization's name (as you want it to appear in print)

Street Address

City, State, Zip

Web Address

Tel

Fax

Email

Print Name & Title

Signature

Please make check payable to CAADS, or complete credit card section below:

☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx **Total Amount Enclosed: \$** _____

Credit Card Number

Expiration Date

C V V Code

Name as it appears on the card

Cardholder's Billing Address

Zip Code

Signature

Date