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|  | Care Transitions: We’re All In It Together SPONSOR & EXHIBITOR COMMITMENTDeadline: March 31, 2017 |

This form can be downloaded from [www.agingkingcounty.org/CTconference/](http://www.agingkingcounty.org/CTconference/) as a locked Word document. Information does not save automatically. You must save a copy to your hard drive and save again when you have completed it.

GENERAL

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DBA (program listing, if different):

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Person making these arrangements

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person who will provide names of sponsor representatives and/or exhibitors

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMITMENT

Check the appropriate box for your sponsor or exhibitor commitment—due on or before March 31, 2017:

|  |  |  |
| --- | --- | --- |
| ~~[ ]  Platinum — $ 5,000~~ Option closed 2/23/17[ ]  Gold — $ 2,000 | ~~[ ]  Silver — $ 1,000~~Option closed 3/13/17~~[ ]  Bronze — $ 500~~Option closed 2/23/17 | ~~[ ]  Exhibit table only — $ 400~~ Option closed 2/3/17 |

[ ]  *(sponsors)* I agree to send camera-ready art by Friday, April 14, 2017.

[ ]  *(all)* I agree to make payment no later than Friday, April 21, 2017.

[ ]  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(check the box and type your name in the box, or sign if submitting a print copy)*

## PAYMENT & CONTACT INFORMATION

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| Make checks payable to City of Seattle.Write Care Transitions Conference on the subject line. Mail checks to the address at right by April 21, 2017. | } | City of Seattlec/o Irene Stewart, HSD/ADSPO Box 34215Seattle WA 98124-4215 |

For more information, e-mail conference co-coordinator Irene Stewart, Aging and Disability Services, at irene.stewart@seattle.gov.