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|  | Care Transitions:  We’re All In It Together  SPONSOR & EXHIBITOR COMMITMENT Deadline: 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 Seattle  c/o Irene Stewart, HSD/ADS  PO Box 34215  Seattle WA 98124-4215 |

For more information, e-mail conference co-coordinator Irene Stewart, Aging and Disability Services, at [irene.stewart@seattle.gov](mailto:irene.stewart@seattle.gov).