



EXHIBITOR/SPONSORSHIP APPLICATION 2023

SPONSORSHIP LEVEL :

Breakfast \$2000 _____

Lunch \$1500_____

Social Hour \$1000_____

Gold \$500 _____

Name of Company : _____

Contact Person: _____

Contact Email: _____

Contact Phone Number: _____

who will be attending the conference? _____

Service: _____

Address: _____

City: _____

State: _____ Zip: _____

To pay for your sponsorship, please click the "donate" button on the home page of the website at www.azgs.org, and complete the information as requested. Make sure that the name on the credit card is included on the above contact information

**Or you can send a check made payable to AZGS
c/o Rosemary Browne, MD 5706 N Williams Drive, Tucson, AZ 85704**

PLEASE PROVIDE A SHORT INTRODUCTION OF YOUR SERVICES

HOW YOU ARE ASSISTING /SERVING OUR OLDER ADULTS ?

Will you be requiring electricity for an exhibit table?

Arizona Geriatrics Society appreciates your support in serving our older adult population. We appreciate your business and services. All sponsors will be informed & contacted via email only. Please send your business marketing material / logo with the application. We are planning on a great conference and look forward to seeing you there!

Email completed form to info@azgs.org