



EXHIBITOR/SPONSORSHIP APPLICATION

SPONSORSHIP LEVEL :

LUNCH	GOLD	Exhibitor
BREAKFAST	SILVER	
SOCIAL HOUR	BRONZE	

NAME /SERVICE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PERSON CONTACT: _____

PHONE CONTACT: _____

EMAIL CONTACT: _____

SPONSORS PAYMENT INFORMATION:

PAYMENT TYPE: PAYPAL, CREDIT CARD OR Check #

Card Holders Name: _____

CREDIT CARD # _____

CARD TYPE: _____ EXP.DATE: _____

CARD SECURITY CODE: ____ Billing Zip Code _____

****Or send check made payable to AZGS c/o 5706 N Williams Drive, Tucson, AZ 85704****

PLEASE PROVIDE A SHORT INTRODUCTION OF YOUR SERVICES

HOW YOU ARE ASSISTING /SERVING OUR OLDER ADULTS ?

Arizona Geriatrics Society appreciates your support in serving our older adult population. We appreciate your business and services. Thank you for collaborating with AZGS. All sponsors will be informed & contacted via email only.

Please send your business marketing material with the application. We are planning on a great conference and look forward to seeing you there!

Email completed form to **info@azgs.org**