

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

DEADLINES
October 1, 2021
to be listed in Conference
marketing materials

November 5, 2021
to be listed in Conference program

payment information.

Mail, Email or Fax:

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

> 916-552-7400 866-725-3123

CAADS

Email:

Sponsorship Opportunities

A Great Way to Support Adult Day Services!

Pledge your support by October 1, 2021, to be listed in Conference marketing materials and/ or by November 5, 2021, 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 lir	ık to website	
□ SILVER*	•••••	\$ 500	
◆ Bronze Sponsorship	PLUS Quarter page ad		
□ GOLD*	•••••	\$ 1,000	
♦ Bronze Sponsorship			
showcase your produ	ict at an educational cours ermitted. Course confirma	from your business takes first 10 mins of a cou se of your choice. (Only 1 vendor per tion will be made by Pam Amundsen once form	
◆ 1 Free Full Registration	on to attend conference		
□ PLATINUM*	•••••	\$ 1,500	
◆ Bronze Sponsorship	PLUS Full page ad		
◆ Education session fac	cilitator (see description al	pove for more details)	
◆ 1 Free Full Registration	on to attend conference		
◆ Business logo to be scrolled on CAADS website as a conference sponsor			
		/training session on Thursday, November 18	
•	•	marketed with conference materials.	.
NOTE: Ad artwork to be en	nalled to pam@caads.org	prior to deadlines listed above in pdf and jpeg f	rormats
Organization's name (as you	want it to appear in print)		
Street Address			
City, State, Zip		Web Address	
- 1,,, - _I			
Tel	Fax	Email	
Print Name & Title		Cionatano	
	or we hereby agree to	Signature assume financial responsibility as indicated	d holow
		g has authority to do so on behalf of the pa	
ing organization.	that the percent eighnig	, ride dutionly to do do on sorial or the pa	radipat
0 0	d based on date and t	ime payment and form are received by (CAADS.
Please make check pa	avable to CAADS, or	r complete credit card section below:	
		Ex Total Amount Enclosed: \$	
Credit Card Number		Expira	ation Date
C V V Code	Name as it appears on the c	ard	



Cardholder's Billing Address

Zip Code

Signature Date