



2014 Governor's Conference on Aging

May 6th and 7th

Red Lion Hotel, Kalispell, MT

The Kalispell Planning Committee invites you to be a **Major or Associate Sponsor** for the **2014 Governor's Conference on Aging**, an educational event for aging services providers, caregivers, seniors and their families. The conference is funded by corporate and individual sponsorships, fund raisers and registrations. Sponsorships help cover the general costs of the conference, provide professional presenters and materials, and allow us to keep registration affordable at \$50.

\$2,000 Major Sponsors receive:

1. A full page ad in the conference program book *
2. Four complementary registrations
3. 6 ft. skirted display table, if needed
4. Recognition from the podium

\$1,500 Associate Sponsors receive:

1. A half page ad in the conference program book *
2. Two complementary registrations
3. 6 ft. skirted display table, if needed
4. Recognition from the podium

Your financial help is critical to the success of this conference. It supports education about issues affecting seniors and their families, encourages innovative approaches to care and services and says "thank you" to the many seniors who have made Northwest Montana what it is today.

* We need your camera ready art or computer file by **April 4, 2014**. Please email to crehbein@mt.gov or mail to:

Governor's Conference on Aging Ads

Aging Services

PO BOX 4210

Helena, MT 50604-4210

Call Charlie Rehbein at 406-444-7788 for more information

Sponsorship Return Form

Thank you for your commitment to sponsoring the 2014 Governor's Conference, May 6-7, at the Red Lion Hotel in Kalispell! The Planning Committee is honored to have you as a partner in bringing this conference to the Valley.

Please send your check and this completed form by March 31, 2014 to:

Area IX Agency on Aging – Flathead County
2014 Governor's Conference on Aging
160 Kelly Road
Kalispell, MT 59901

If you have questions or would like more information, please call Lisa Sheppard, Director, at 406-758-2481.

Please check a sponsorship level:

Major Sponsor _____ **Associate Sponsor** _____

Name of business _____

Contact Person _____ Phone # _____

Mailing address _____

Email address _____

Please circle:

1. Will you need a 6 ft. skirted display table in the vendor area? yes no

2. Will you use the complementary registrations? yes no

Any other requests or comments:
