



## SPONSOR, SPONSORING ADVERTISER, AND EXHIBITOR APPLICATION

*Massachusetts Senior Medicare Patrol (SMP) Ninth Statewide Conference*

**Friday, May 7, 2021 from 9:00 am to 4:30 pm**

**Virtual Conference and Exhibitor Hall**

Organization/Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Conference Sponsor

We would like to be a Conference Sponsor. We understand our organization will be acknowledged from the podium during the conference. Our full-page color ad will be prominently displayed within the Conference Program and we will receive two tickets to the conference.

\$1,000 for Conference Sponsor including full page color ad (5" x 8")

### Sponsoring Advertisers

We would like to be a Sponsoring Advertiser. We understand our organization will be acknowledged from the podium during the conference and our ad will appear in the Conference Program.

\$300 for full page ad (5" x 8")     \$175 for half-page ad (5" x 4")     \$100 for quarter-page ad (2.375" x 3.75")

### Exhibitors

We would like to exhibit in your Virtual Exhibitor Hall.

Exhibitor Fee:  \$200

\$100 for Non-Profit with fewer than 50 employees

### Payment Due:

|                          |                  |   |
|--------------------------|------------------|---|
| <b>Enclosed Payment:</b> | \$ _____         | Conference Sponsor                                    |
|                          | \$ _____         | Advertising Fee                                       |
|                          | \$ _____         | Exhibitor Fee   |
|                          | \$ _____ (50.00) | Applicable to Exhibitors who sponsor and/or advertise |
|                          | \$ _____         | Total Enclosed  |

**My Raffle item is:** \_\_\_\_\_

**Please email your application to:** Caroline Louise Cole: [CCole@ESMV.org](mailto:CCole@ESMV.org)

Copy deadline is Monday, May 3 at 5:00 pm.

**Please mail your check to:**

MA SMP Program at Elder Services of the Merrimack Valley/North Shore

280 Merrimack Street, Suite 400, Lawrence, MA 01843

**In your check's memo area please note: MA SMP Program**

**Questions: Contact Caroline at 978-946-1256 or [CCole@ESMV.org](mailto:CCole@ESMV.org)**

***Thank you for participating!***