

Financial Support Form

The Conference relies heavily on the generosity of partners for financial support. Sponsors, advertisers and gift contributors support the Conference while connecting with those most interested in their products, services and information.

The financial sponsor payment is due no later than October 1, 2021.

Make checks out to *43rd Annual Conference on Aging* and mail them to:

***43rd Annual Conference on Aging
Attention: ASD, Antoinette Solano
2550 Cerrillos Road, Santa Fe, NM 87505***

Sponsor (check level of sponsorship)

| | | |
|-------------------------------|--------|-----------|
| Organization/Individual Name— | | |
| Contact Name— | | |
| Street Address or PO Box— | | |
| City— | State— | Zip Code— |
| Telephone— | | |
| E-mail— | | |

| | | |
|--|----------|---|
| <input type="checkbox"/> Premier Sponsor | \$10,000 | <ul style="list-style-type: none"> receive two full-page ads and recognition as a Premier Sponsor in the Conference Program recognized in the first plenary session |
| <input type="checkbox"/> Diamond Sponsor | \$ 7,000 | <ul style="list-style-type: none"> receive a full-page ad and recognition as a Diamond Sponsor in the Conference Program recognized in the first plenary session |
| <input type="checkbox"/> Platinum Sponsor | \$5,000 | <ul style="list-style-type: none"> receive three half-page ads and recognition as a Platinum Sponsor in the Conference Program recognized in the first plenary session |
| <input type="checkbox"/> Gold Sponsor | \$ 2,500 | <ul style="list-style-type: none"> receive two half-page ads and recognition as a Gold Sponsor in the Conference Program recognized in the second plenary session |
| <input type="checkbox"/> Silver Sponsor | \$1,500 | <ul style="list-style-type: none"> receive a half-page ad and recognition as a Silver Sponsor in the Conference Program recognized in the second plenary session |
| <input type="checkbox"/> Bronze Sponsor | \$ 1,000 | <ul style="list-style-type: none"> receive a quarter-page ad and recognition as a Bronze Sponsor in the Conference Program recognized in the second plenary session |
| <input type="checkbox"/> Turquoise Sponsor | \$ 600 | <ul style="list-style-type: none"> receive a business card ad and recognition as a Turquoise Sponsor in the Conference Program recognized in the second plenary session |
| Amount \$ | | |

Email this form to ALTSD-COA@state.nm.us

All financial support options are important to the success of the Conference, and provide valuable exposure for you and/or your organization. (See pages 3–4)

Advertiser

Advertisements are featured in the Conference Program, which is distributed free to attendees. Ads must be e-mailed to ALTSD-COA@state.nm.us in a black and white, print ready, graphic file. JPEG files are preferred.

Ads must be submitted by **September 17, 2021**.

Ads not submitted by this deadline date will not be included in the conference program.

| Ad Size | Measurement | Rate | Subtotal |
|-----------------------|-----------------------|-------|----------|
| Full Page | 7.5" wide by 10" high | \$800 | |
| Half Page, Vertical | 3.5" wide by 10" high | \$400 | |
| Half Page, Horizontal | 7.5" wide by 4" high | \$400 | |
| Quarter Page | 3.5" wide by 5" high | \$250 | |
| Business Card | 3.5" wide by 2" high | \$150 | |
| | | Total | |

| | | |
|--------------------------------------|--------|-----------|
| Organization/Individual Name— | | |
| Contact Name— | | |
| Street Address or PO Box— | | |
| City— | State— | Zip Code— |
| Telephone— | | |
| E-mail— | | |

Please email this form to:
Email: ALTSD-COA@state.nm.us

43rd Annual Conference on Aging Recipe Contributor

Recipes are distributed in a Recipe Book included in the virtual "swag bag" given to all Conference attendees. Contributions of recipes are appreciated and acknowledged in the Conference Recipe Book. If you need additional room for your recipe, you may attach another page.

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| Recipe submitted by: |
| |
| <p><i>Please email your recipe to Conference on Aging (CoA) ALTSD-COA@state.nm.us by</i> September 30, 2021</p> |

| | | |
|--------------------------------------|--------|-----------|
| Organization/Individual Name— | | |
| Contact Name— | | |
| Street Address or PO Box— | | |
| City— | State— | Zip Code— |
| Telephone— | | |
| E-mail— | | |

Please email this form to: Email: ALTSD-COA@state.nm.us