

CONVERSATIONS IN MEMORY CARE

ESSENTIAL LEARNING FOR BETTER SUPPORT

Wednesday, January 18, 2017

The Pavilion
1602 Sioux Drive
Marion, Illinois

Company Name: _____

Contact Person/Title: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-Mail: _____

Brief description of products/services: _____

YES! We would like to be a part of this event.

SPONSOR CHOICES:

- Principal Sponsor: \$300 ~ Limited Availability.** Organization name or logo in promotions disseminated to 5000+ area health and allied health professionals in e-promotions (email, Facebook, LinkedIn); listing in the Conference Program; complementary exhibit table for full face to all Conference participants; extra mentions for raffle items. Includes two (2) waived Conference registration fees.
- Exhibitor: \$100 ~** Exhibit table for full face to all Conference participants; listing in Conference Program; extra mentions for raffle items. Includes one (1) waived Conference registration fee.
- Supporter: \$75 ~** Placement of your promotional materials in the conference bags; listing in Conference Program; extra mentions for raffle items.

_____ **Our organization would like to donate a free gift of (value of \$25 or more) to raffle.**

We will announce these from the podium at our prize drawings, which will occur consistently throughout the day. Items will be on display throughout the conference. If you would like to display your raffle prize at your exhibit table, please advise when submitting this form.

Please return completed application via email. Payment may be made by phone with credit card or by mail with check payable to CEII.

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