

Sponsorship Information

**Elder Care Resource Day
2017**



Presented by

**Elder Care Network of Northern
Colorado**

P.O. Box 272687

Fort Collins, CO 80527

(970)495-3442

**A public service program offered to all Northern
Colorado older adults and their caregivers.**

The Elder Care Network of Northern Colorado (ECN) is pleased to invite you and your company to join us as a sponsor of this empowering educational conference offering useful information on many subjects related to elder care.

Elder Care Resource Day (ECRD) 2017 is scheduled to be held Saturday, April 1, 2017 at Fort Collins Senior Center, 8:00am – 1:45pm. This conference will bring together accomplished and respected professionals to present informative seminars for seniors, adult children, friends and caregivers on elder care and related topics such as: Senior Housing: A Range of Options, Contented Dementia, and Are you Afraid of Falling?

This annual conference will provide area sponsors with a great opportunity for visibility, networking and recognition in a unique, professional environment.

Please take a few moments to review the following information and contact me if you have any questions.

We appreciate your consideration and look forward to your association with The Elder Care Network of Northern Colorado.

Thank you,

Taylor Cobb, Front Range Hospice,
ECRD Committee Member and ECN Chair
303.946.3521(c)
taylor.cobb@frhospice.com

ECRD Sponsorships

Gold Level Sponsorship (\$500) – Only 6 will be sold!

- Full page COLOR advertisement in the Elder Care Resource Day Program (ECRD)
- One 6-foot display table in prominent location
- COLOR LOGO on the cover of the ECRD Program and registration form.
- COLOR LOGO on the ECRD flyers distributed throughout the community
- Time to introduce your business/services to the entire group (3 minutes)
- Opportunity to put one marketing item in ECRD Tote Bag
- Complimentary admission to ECRD for 3 representatives

Silver Level Sponsorship (\$300)

- One 1/2 page (black and white) advertisement in the Elder Care Resource Day Program (ECRD)
- One 6-foot display table
- Company name listed as a SILVER level sponsor on the Program and registration form.
- Company name listed as a SILVER level sponsor on the ECRD flyers distributed throughout the community
- Opportunity to put one marketing item in ECRD Tote bag.
- Complimentary admission to ECRD for 2 representatives

Bronze Level Sponsorship (\$100) Table not included

- One quarter page (black and white) advertisement in the Elder Care Resource Program (ERCD)
- Opportunity to put 1 marketing item in ECRD Tote Bag
- Complimentary admission to ECRD for 1 representative

For more information on sponsorships please contact:

For ECRD: Taylor Cobb 303.946.3521 or e-mail @ taylor.cobb@frhospice.com

Please send Sponsor Enrollment Form, Sponsor Agreement, and Payment to:

Via Mail
Taylor Cobb
Elder Care Network
301 Garfield St.
Ft. Collins, CO 80524

Checks made to Eldercare Network of Northern Colorado

Specifications for Ads:

NOTE:

PLEASE make sure your ad is created to these exact specifications to avoid production delays.

The majority of the ECRD Program will be printed in black & white therefore, if needed artwork will be converted to grayscale before printing

PLEASE: Pay close attention to your sponsorship level and only provide artwork in the size and layout for that level.

For ECRD:

- \$500 level sponsors must submit artwork for full-page COLOR ad (6.25" wide x 9" tall)
- \$300 level sponsors must submit artwork for half-page ads (6.25" wide x 4.37" tall)
- \$100 level sponsors receive a quarter page ads (3.125" wide x 4.25" tall)

******Please submit your artwork via email, as a high-resolution (300dpi) .PDF, to Taylor Cobb, taylor.cobb@frhospice.com by the deadline.**

Deadlines:

**ECRD Sponsorship Commitment deadline is January 27, 2017
ECRD Guide art work and Payment deadline is February 17, 2017**

Sponsor Enrollment Form

___Please list our organization as:

Gold Silver Bronze (circle one)

___Our Sponsorship check in the amount of \$_____is enclosed

___Our Sponsorship check in the amount of \$_____will follow by
February 17, 2017 for ECRD

Organization Name: _____

Contact Name: _____ Title: _____

E-mail _____

Address _____

City, State, Zip: _____

Telephone: (____) _____ Fax: (____) _____

Sponsor Agreement – Elder Care Resource Day 2017

Terms:

1. Elder Care Network of Northern Colorado (ECN) will arrange for a 6-foot table and one chair to be used by each Sponsor. **All display items/information must fit on the top of a 6-foot table.** The table shall be set up in a manner so as to provide optimal visibility to registrants and minimal disruption of the educational atmosphere. ECN shall have discretion as to specific location of tables. **
2. Sponsor will set-up the morning of the Conference and break-down at the end of the same day of the Conference by the times requested by ECN. **
3. Nothing in this Agreement shall prevent ECN from seeking Sponsorships from any other entity for any Conference. **
4. Should the sponsor need access to an electrical outlet, sponsor will make these needs known to **Taylor Cobb ECRD Event Planner at 303.946.3521 or taylor.cobb@frhospice.com by **March 17, 2017** for ECRD ****
5. On the occasion that ECN must cancel a scheduled Conference; the Sponsor may receive a refund of payment made to ECN or a credit to Sponsor another ECN event. ECN will have no further liability to Sponsor for such cancellations.
6. This Agreement does not constitute an endorsement by ECN of Sponsor or its products or services; nor may Sponsor represent in any manner that its goods or services have been endorsed by ECN.
7. Any excess proceeds from this ECN event will be used to support the ECN mission and other ECN projects.
8. Sponsor shall indemnify and hold harmless ECN, its agents and its members, from any claims, losses or damages to any person or entity arising or alleged to have arisen out of any acts of Sponsor or its agents in the performance or breach of the Agreement. This indemnity shall survive the expiration of this Agreement.

I have read and agree to the terms of this Agreement.

Sponsor Signature: _____

Date: _____

ECN Representative: _____

Date: _____

A copy of this agreement will be returned to individual named above upon receipt of payment.

**** Please note this only applies to Gold, or Silver Sponsors**