

Older Adults Health & Resource Fair

Tuesday, October 17, 2023

10:00 am – 12:15 pm

EXHIBITOR INFORMATION:

Business Name: _____

Contact Name: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please indicate your level of participation:

____ Presenting Sponsor (1)

Please contact John Weichelt, at 608-267-2344 or jweichelt@cityofmadison.com if you would like to be the Presenting Sponsor.

- Name & logo on all promotional materials
- Exhibitor Table near entrance
- Recognition in Messenger
- Welcoming message before keynote speaker
- Option for insert in welcome packet/bag

____ Premier Sponsor \$500

- Name on all promotional materials
- Name & logo on Program
- Exhibitor Table on first floor
- Recognition in Messenger
- Option for insert in welcome packet/bag

____ Event Sponsor \$300

- Name & logo on Program
- Name on flyer/poster
- Recognition in Messenger
- Exhibitor Table

____ Participant \$150*

- Business Name listed on Program
- Exhibitor Table

*Non-profit agencies unable to participate at the \$150 level, should contact Laura Hunt at 267-8650 for a reduced rate.

____ **In-Kind Sponsorship** – Please consider an in-kind donation. These enhance the overall Health & Resource Fair experience

- Individually wrapped snacks (150)
- Bottled water (8 oz – 150)
- Coffee for vendors and guests
- Parking passes for seniors
- Gift cards for prizes
- Taxi vouchers for seniors

Health Screenings

Health screenings are an integral part of the Health & Resource Fair. Screenings increase your interaction with the attendees.

- | | |
|---|--|
| <input type="checkbox"/> Memory | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Bladder |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Timed Up & Go |
| <input type="checkbox"/> Balance | <input type="checkbox"/> Prescription & OC |
| <input type="checkbox"/> Swallowing | <input type="checkbox"/> Drug Interactions |
| <input type="checkbox"/> Glucose-Diabetes | <input type="checkbox"/> Blood Pressure |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Other _____ |

Businesses providing an approved screening will receive a 30% discount. If more than one organization wants to offer the same screening, the first request will receive priority.

KEY POINTS

- Please bring literature in Spanish and Hmong if available.
- Please indicate any special needs such as electricity, extra space, extra chairs, etc on the next page.
- All exhibitors will receive parking passes for up to two people.
- Following the Health & Resource Fair there will be a keynote speaker.

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- Checks Payable to: **Madison Senior Center**
- Mail to: **Madison Senior Center / Health & Resource Fair / 330 W Mifflin St / Madison, WI 53703**

Registration & Payment due by Friday, August 11, 2023, to be included on any promotional materials.
Late registrations accepted as space permits.

Special Requests: _____

On behalf of myself, my administrators, and other exhibit workers, I hereby release, acquit and forever discharge the Madison Senior Center from any cause of action, claims, demands or damages resulting from my participation in the 2023 Health & Resource Fair. I also release them from responsibility of lost, stolen, or damaged property during the event. There will be no refunds. In the event of cancellation, all sponsorship dollars will go to the Madison Senior Center Foundation.

Authorized Signature: _____ **Date:** _____

Questions? Call/Email

Laura Hunt at 608-267-8650 / lhunt@cityofmadison.com