



THE SENIOR COALITION

c/o American Ambulance
2017 East Noble Ave.
Visalia, CA. 93292

THURSDAY

FEBRUARY 13, 2020

9:30am – 2:00 pm

Visalia Wyndham Hotel

JOIN US FOR THIS EXCITING RESOURCE EVENT!

PREMIER PARTNERS:



Kaweah Delta
Hospice
A division of Kaweah Delta Health Care District



Kaweah Delta
Lifeline
A division of Kaweah Delta Health Care District



Kaweah Delta
Private Home Care
A division of Kaweah Delta Health Care District

Join us for the Spectacular Resource Event - The Heart of Seniors where Seniors, families and caregivers can learn about the continuum of care resources that are available for their loved ones, have lunch, see a fashion show and gain valuable information from informational speakers. Grand opportunity to show off what services you have available. Only \$10 for our attendees which includes lunch. Discounted rates for In-Home care assistance available upon request for caregivers so they can attend too.

This year's program includes:

Vendor fair, lunch and fashion show
Keynote Speaker: *Jewel Diamond Taylor*
Information for seniors, families and caregivers
Raffle prizes for some lucky guests

VENDOR RULES

- Logos must be in by due date for full marketing benefit
- Please bring a non-perishable raffle prize valued at \$25 or more
- Booths are not assigned. Pick out the one you want when you arrive. Set-up begins at 8am
- Cell phones must be turned off or on vibrate when program starts
- In respect for the program, please walk outside to talk on phone or to each other
- Event ends at 2pm. Please leave booth in place until 2pm

Sponsorship/Vendor Opportunities

Spectacular Resource Event

<p style="text-align: center;">Premier Partner \$1,500</p> <p><i>Promotional opportunities may include:</i></p> <ul style="list-style-type: none"> *Name mentioned in radio ads *Organization's logo on event posters and fliers and ads that are distributed or purchased** *Organization recognized as a sponsor during the event *Organization's banner displayed during the event. *Logo on Event banner *Booth space to promote your organization. *PRIORITY TO HAVE A BOOTH IN MAIN ROOM 	<p style="text-align: center;">Sustaining Partner \$750</p> <p><i>Promotional opportunities may include:</i></p> <ul style="list-style-type: none"> *Organization's logo on event posters, fliers, banner and ads that are distributed or purchased** *Organization recognized as a sponsor during the event. *Booth space to promote your organization. *PRIORITY TO HAVE A BOOTH IN MAIN ROOM 	<p style="text-align: center;">Partner \$500</p> <p><i>Promotional opportunities may include:</i></p> <ul style="list-style-type: none"> *Organization's name listed on fliers and banner *Organization recognized as a sponsor during the event. *Booth space to promote your organization. *PRIORITY TO HAVE A BOOTH IN MAIN ROOM 	<p style="text-align: center;">Booth for SCO members \$200/ Non-members \$250</p> <ul style="list-style-type: none"> *Booth space to promote your organization. *Non-profits booth \$50.00 As space provides
<p style="text-align: center;">Cookie Sponsor \$500 (1)</p> <p><i>Promotional opportunities may</i></p> <ul style="list-style-type: none"> *Organization recognized as a sponsor during the event. 			<p>*Sponsorship must be paid by December 2, 2019 for full media benefit. Money received after may not include all the benefits listed.</p>

Application must be received by February 1, 2020. Booths are limited-First come, First serve.

Limited space in the Main room, all other vendors will be in room across the Hall.

****ALL VENDORS NEED TO BRING A \$25 NON-PERISHABLE RAFFLE PRIZE****

Booth includes 1 – 6" table & 2 chairs and 2 lunches. Additional lunches can be purchased for \$ 10.00 each
SPONSOR/VENDOR INFORMATION

Company Name: _____

Contact Name: _____

Contact Telephone: _____ **Contact Fax:** _____

Address: _____ **City:** _____ **Zip:** _____

Email Address: _____

Sponsorship Type:	Premier	Sustaining	Partner	Cookie	Booth Member	Non-member	Add'l lunch
(circle one)	(\$1,500)	(\$750)	(\$500)	(\$500)	(\$200)	(\$250)	Qty: ____ (\$10)

Payment method: Check Credit Card Number: _____ Zip Code: _____

Name on card: _____ Exp. Date: _____ Sec Code: _____

Payment information: Please make check payable to **The Senior Coalition.**

Please mail to 2017 E. Noble Ave; Visalia, CA 93292 or Fax to 559-730-3020 Questions, call 559-730-3015