



# 2019 Annual Sponsorship Application

**Company Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

<input type="checkbox"/> Accounting / CPA	<input type="checkbox"/> Food, Beverage & Nutrition Programs	<input type="checkbox"/> Medical Equipment / Products / Supplies
<input type="checkbox"/> Advertising / Marketing	<input type="checkbox"/> Furniture Manufacturer / Interior Furnishings	<input type="checkbox"/> Medication Management Systems / Supplies
<input type="checkbox"/> Architect Services / Construction	<input type="checkbox"/> Group Purchasing Services	<input type="checkbox"/> Office Supplies
<input type="checkbox"/> Banking / Financial Services	<input type="checkbox"/> Grounds Maintenance & Landscaping	<input type="checkbox"/> Office Technology
<input type="checkbox"/> Bathing / Showering Systems	<input type="checkbox"/> Healthcare Equipment	<input type="checkbox"/> Respiratory Services / Oxygen Therapy
<input type="checkbox"/> Bus Sales & Services	<input type="checkbox"/> Home Health / Hospice / Staffing Services	<input type="checkbox"/> Patient Charting Systems
<input type="checkbox"/> Cable & Satellite Services	<input type="checkbox"/> Human Resources Services	<input type="checkbox"/> Pest Control
<input type="checkbox"/> Computer Software / Data Management	<input type="checkbox"/> Interior Design Services	<input type="checkbox"/> Pharmaceutical Services / Consultation
<input type="checkbox"/> Communication Services	<input type="checkbox"/> Insurance Services / Employee Benefits	<input type="checkbox"/> Property Management
<input type="checkbox"/> Consulting / Development / Education	<input type="checkbox"/> Interactive Video Conferencing	<input type="checkbox"/> Rehabilitation / Therapy Services
<input type="checkbox"/> Diagnostic Services	<input type="checkbox"/> Interior Design	<input type="checkbox"/> Software
<input type="checkbox"/> Dietary Service Management / Nutrition Consulting	<input type="checkbox"/> Laundry Equipment / Services	<input type="checkbox"/> Therapy Services
<input type="checkbox"/> Emergency Response / Monitoring Systems	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Website Design
<input type="checkbox"/> Energy	<input type="checkbox"/> Lift Chairs/Transport Systems	<input type="checkbox"/> Security Cameras & Equipment
<input type="checkbox"/> Floor Treatments / Products	<input type="checkbox"/> Maintenance Supplies/Services	<input type="checkbox"/> Other (Please Specify): _____
<input type="checkbox"/> Food Service Management		

**Please write a paragraph of 50 words or less describing your product / service / company. This is will appear in the LeadingAge Iowa Member Directory.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Annual Sponsorship Level / Payment Options

- Bronze Annual Sponsorship (\$2,500)    
  Silver Annual Sponsorship (\$5,000)    
  Gold Annual Sponsorship (\$7,500)  
 Platinum Annual Sponsorship (\$10,000)

**Indicate payment method:**

- Check payable to LeadingAge Iowa, **11001 Aurora Ave., Urbandale, IA 50322**  
 Credit Card. (Please complete information below. Print legibly.) **This form must be signed by authorized card holder.**

- Visa    
  MasterCard    
  Discover

Card holder's name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Number on Credit Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_