



Kinneret Senior Health Care Expo

1 p.m. – 3:30 p.m., Thursday, November 7th, 2018

Sponsor/Vendor Registration:

Organization Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

What service will you be providing at the event? _____

All tables must be covered. **A Table, Chairs (2) and 2 complimentary waters will be provided to all participants.**

Electrical outlets guaranteed to Sponsors & available to vendors on a first come, first served basis if noted below.

Annual Sponsorship Opportunities

Health Fair Sponsor and Vendor Tables Fees:

Platinum Event Sponsor (\$1000):

- Table in our expo which includes: prime location
- Sponsor's logo on all printed materials including: flyers, posters and event banner as well as inclusion in all publicity on our website, Facebook, correspondence with residents, families and the community.
- Opportunity to distribute company flyer, ad or article in the **Mirror**, Kinneret Apartments monthly newsletter, **4** times per year.
- Complimentary ½ page ad in our **8 over 80** Gala Tribute Program and two tickets to the event. This event will be held on February 25, 2018 and is attended by over 200 of Kinneret's donors and community supporters.
- Opportunity to set up a table in the Dining Room twice per year during our Pantry days.

Gold Event Sponsor (\$500):

- Sponsor's logo on all printed materials including: flyers, posters and event banner as well as inclusion in all publicity on our website, Facebook, correspondence with residents, families and the community.
- Opportunity to distribute company flyer, in the **Mirror**, Kinneret Apartments monthly newsletter, **2** times per year.

***Logos on printing for sponsors only. Sponsors, please send your logo by 8/31/18**

Vendor Table (\$125):

Will electricity be required? _____ (if available)

Door Prizes: We encourage all vendors to help support this by contributing an item or gift card for us to use.

Count us in! Please check participation level:

____ Platinum Sponsor ____ Gold Sponsor ____ Vendor Table

Payment Total: _____

Check Enclosed, payable to Kinneret Council on Aging

Credit Card: VISA MasterCard American Express

Card #: _____ Expiration Date ____/____

Name on Card: _____

Mail form/payment to: Kinneret Council on Aging 515, S. Delaney Ave., Orlando, FL 32801

Contact: Sharon F. Weil Phone: 407-425-4537 Email: kinneretcouncil@gmail.com