



Healthy Aging Association Presents the 17th Annual Age with Movement Celebration



Friday, May 3, 2024 from 8:00 A.M. - 12:00 P.M.
East La Loma Park, Modesto

Organization/Business Name _____
 Contact Person _____ Phone Number _____
 Address _____ Facebook Handle: _____
 Email Address _____ Website _____

<i>Please select only one level</i>	<input type="checkbox"/> Event Partner \$5,000	<input type="checkbox"/> All Star \$2,500	<input type="checkbox"/> Triple Star \$1,000	<input type="checkbox"/> Super Star \$500	<input type="checkbox"/> Shining Star \$300
Display Booth at Event	★ ★	★	★	★	★
Ad in Program	<i>Full Page 5" w x 8" h</i>	<i>Full Page 5" w x 8" h</i>	<i>1/2 Page 5" w x 4" h</i>	<i>Business Card Size</i>	<i>Listed as Sponsor</i>
Event Webpage	<i>Logo with Link</i>	<i>Logo with Link</i>	<i>Logo with Link</i>	<i>Listed</i>	<i>Listed</i>
Logo on Event Poster	★	★	★	★	
Weekly Acknowledgement on Social Media	★	★	★		
Logo on Event Shirts	★	★	★		
Logo on Event Bag	★	★			
Company Banner at Event Entrance (<i>sponsor provides</i>)	★				
Included on Annual Report	★				

The deadline for maximum exposure and inclusion on the 2024 Event Shirt and Bags is April 5
No sales allowed at the event. Health promotion and agency information can be provided.

Please provide a prize for the opportunity drawing
Event is outdoors, table, chairs, and canopies will not be provided

____ Payment Enclosed _____ Please Send Invoice _____ I would like to pay by credit (additional fee)
Make checks payable to: Healthy Aging Association, 3500 Coffee Road, Suite 19, Modesto, CA 95355

*For more event information please contact us at:
 (209)525-4670 | healthy.aging2000@gmail.com
 All donations are tax deductible. Tax ID number: 77-0546574*

HAA Use Only: Invoice date: _____ Payment Received on: _____ Payment Method: _____