



California Council on Gerontology and Geriatrics

Annual Meeting

**SPONSORSHIP OPPORTUNITY**

**Sponsorship Levels**

- LEVEL ONE** **\$3,000+**
  - Recognition on Program Brochure *(If secured by the first week in February)*
  - Display at Meeting Registration Table
  - Display on Main Screen Throughout the Program
  - Recognition in Program Syllabus *(If secured by the first week in April)*
  - **Two (2)** Complimentary Registrations OR **Two (2)** Complimentary CCGG Annual Membership
  - Verbal Recognition during Conference
  - Acknowledgement in Fall Newsletter
  - Display of Organization Materials at Media Table
  
- LEVEL TWO** **\$1,000 - \$2,999**
  - Recognition in Program Syllabus *(If secured by the first week in April)*
  - Recognition Signage at Conference
  - **\*One (1)** Complimentary Registration OR CCGG Annual Membership
  - Verbal Recognition during Conference
  - Acknowledgement in Fall 2008 Newsletter
  - Display of Organization Materials at Media Table
  
- LEVEL THREE** **\$500 - \$999**
  - Recognition in Program Syllabus *(If secured by the first week in April)*
  - Recognition Signage at Conference
  - Display of Organization Materials at Media Table
  
- LEVEL FOUR** **\$100 - \$499**
  - Recognition in Program Syllabus *(If secured by the first week in April)*
  - Display of Organization Materials at Media Table

**How To Apply:** Please complete **reverse side** and submit with payment to address listed

**For More Information** Please Contact: Jolene Fassbinder, MSG, MACM  
CCGG Executive Director  
Ph: (310) 312-0531  
Em: [ccggoffice@ucla.edu](mailto:ccggoffice@ucla.edu)



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**GERONTOLOGY & GERIATRICS: CRITICAL COMPONENTS OF  
CALIFORNIA'S WORKFORCE**

**SPONSORSHIP APPLICATION FORM**

*Please complete information below and submit with payment to the address listed.*

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Approval Signature \_\_\_\_\_

Please Indicate Sponsorship Level \_\_\_\_\_

**Payment Information**

**By Check:**

Make Check Payable to:

**CCGG**

Return Form w/Check to:

CCGG

Attention: Jolene Fassbinder

10945 Le Conte Avenue, Ste. 2339

Los Angeles, CA 90095-1687

**By Credit Card Please Contact:**

(Visa / Mastercard)

Jolene Fassbinder

Ph: (310) 312-0531

Em: [ccggoffice@ucla.edu](mailto:ccggoffice@ucla.edu)