

***Applied Gerontology as Community Engagement***  
**31st Annual Meeting**  
**Southern Gerontological Society**

**The Jefferson Hotel**  
**101 West Franklin Street**  
**Richmond, VA 23220**



**SPONSORSHIP, EXHIBIT AND ADVERTISING OPPORTUNITIES**

**Who Will Attend**

**HEALTH CARE PROFESSIONALS** who are interested in improving quality of care for older persons.

**CHIEF EXECUTIVES** who are responsible for planning and purchasing for their aging services organizations.

**DIRECTORS OF PROGRAMS** who provide a variety of community- and facility-based services for older people.

**ADMINISTRATORS** of aging services organizations (nursing homes, home health care, assisted living).

**POLICYMAKERS** who design and fund aging programs and aging policy; **EDUCATORS** who train and work with the vast array of professionals who work with older persons.

**Questions?**

Contact Lora Gage  
Southern Gerontological Society, PMB #144  
1616 - 102 W. Cape Coral Pkwy.  
Cape Coral, FL 33914  
Phone: 239-541-2011  
Fax: 239-540-8654  
LGage4SGS@aol.com

Pricing and application on page 2

**Meeting Theme  
Applied Gerontology as  
Community Engagement**

"The Annual Meeting theme, *Applied Gerontology as Community Engagement* reflects the SGS tradition of applied gerontological research in a climate of academic and service provider partnership. The geographical distribution of Health Professional Shortage Areas (including the death of geriatricians), premature mortality, poverty, the uninsured, and the prevalence of lif-threatening and disabling chronic conditions suggests that there is much to be done in the South. The stuff of gerontological science is grounded in diversity; human and otherwise. Applied gerontological work as community engagement has a place in not only legitimizing academic programs but defining interventions to address glaring disparities..

**Sponsor Benefits**

**Presidential Sponsors** will receive:

\* Exhibit Booth \* Full-page program advertisement \* One-year SGS Corporate Membership \* Full conference registration for one representative \* Special recognition at conference, in conference program, and on SGS website.

**Preferred Sponsors** will receive:

\* Exhibit Booth \* 1/2 page program advertisement \* One-year SGS Organization Membership \* Full conference registration for one representative \* Special recognition at conference, in conference program, and on SGS website.

**Regular Sponsors** will receive:

\* Exhibit Booth \* 1/4 page program advertisement \* One-year SGS Regular Membership \* Full conference registration for one representative \* Special recognition at conference, in conference program, and on SGS website.

**Other Sponsors** will receive:

\* Special recognition at conference, in conference program, and on SGS website.

**Sponsorship Opportunities**

**Presidential Sponsor**

Presidential Gala Dinner \$6,000  
SGS Awards Luncheon \$4,000

**Preferred Sponsor**

Opening Reception \$2,000  
Conference Brunch \$2,000  
Conference Luncheon \$2,500  
Thematic Track \$2,000

**Regular Sponsor**

Opening Welcome Address \$1,000  
Refreshment Breaks \$1,500  
Tote Bags \$1,500  
Folders & Notepads \$1,000

**Other**

Symposium Session \$500  
Student Pizza Party \$250

**Program Advertising**

Full page program ad \$400  
Half page program ad \$250  
Quarter page program ad \$150  
1/8 page business card ad \$75

(must supply ad copy by 3/1/10)

**Exhibits**

Non-profit organization \$450  
Corporate \$600  
Exhibit Only (registration not included) \$250

**Exhibit Information**

**Booths Include:** One 6' draped table and two chairs. Complimentary registration for one exhibit representative.

**Exhibit Hall Schedule:** Wed. Apr. 7, 6:00 - 10:00 p.m. Thur. Apr. 8, 8:00 a.m. - 5:00 p.m., Fri. Apr. 9, 8:00 a.m. - 5:00 p.m.

**Electricity:** NOT INCLUDED. May be purchased for an additional \$50.

**Application**

Mail payment and completed application to:

**Southern Gerontological Society**  
**PMB#144, 1616-102 W. Cape Coral Pkwy.**  
**Cape Coral, FL 33914**  
Phone: 239-541-2011  
Fax: 239-540-8654

\_\_\_\_\_  
Representative Name

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

Sponsor \$ \_\_\_\_\_

Advertisement \$ \_\_\_\_\_

Exhibit \$ \_\_\_\_\_

Exhibit Electricity \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Method of Payment

Check   MasterCard   Visa

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Name on Card

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

\_\_\_\_\_  
Signature