



*Conference ♦ Luncheon ♦ Awards Ceremony
Banker's Club, Carnelian Room, San Francisco, CA
March 27, 2008*

Featuring California State Treasurer, Bill Lockyer

Sponsorship Opportunities

Call To Action is the premier elder financial abuse prevention event for representatives from California banks, credit unions, law enforcement and social service agencies. As a sponsor of ***Call To Action***, your organization will be recognized for its leadership role in helping to prevent elder financial abuse.

Platinum Level (\$10,000)

- Conference admission and elite luncheon seating for ten
- Logo on event program
- media release recognition
- Onsite signage display
- Recognition from the podium
- Lead sponsorship of one community education event

Gold Level (\$5,000)

- Conference admission and luncheon seating for ten
- Logo on event program
- media release recognition
- Onsite signage display
- Recognition from the podium

Silver Level (\$2,500)

- Conference admission and luncheon seating for ten
- Logo on event program
- Onsite signage display

Bronze Level (\$1,500)

- Luncheon seating for five
- Logo on event program
- Onsite signage display


CALL TO ACTION
Prevent Elder Financial Abuse

SPONSOR REGISTRATION FORM

Sponsor Level: Platinum _____ Gold _____ Silver _____ Bronze _____

Company Name (as it will appear on program materials):

Contact _____

Address _____

City/State/Zip _____

Telephone# _____ Fax # _____

E-mail: _____

Onsite Representatives: (as named on badge)

Mr./Ms. _____

Title _____

Address _____

City/State/Zip _____

Telephone # _____ Fax # _____

E-mail: _____

Please send completed form with payment to:

Elder Financial Protection Network
550 Montgomery Street, Suite 485
San Francisco, CA 94111
415/956-5556 Fax 415/956.5556

***IMPORTANT NOTE:** Sponsors must provide a completed sponsorship reservation, payment and useable high resolution files by March 14, 2008 to be included in the program. If you have questions, please contact Jenefer Duane at iduane@bewiseonline.org.

OR complete credit card information below and fax to 415.897.9393

Charge \$ _____ to my Visa MasterCard American Express

Credit Card Account Number _____

Exp. Date _____ 3 digit security number _____

Cardholder's Name _____

Credit Card Billing Address _____

City/State/Zip + 4 _____

Signature _____

Thank you for your support!

