



SENIOR SAFARI

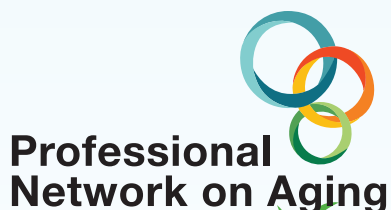
At the Memphis Zoo

Wednesday, October 2nd - 9am-2pm

- Free Zoo Entry
- Free Parking
- Free Tram Rides
- Free Exhibits
- Free Entertainment

Plus access to information on healthy living, financial planning, housing, insurance, caregiving, hospice, home health and more from sponsors who help the Professional Network on Aging and the Memphis Zoo make this free day possible to our 55+ community here in Memphis!

For more information, visit www.pnamidsouth.org.





PNA SENIOR SAFARI SPONSORSHIP/VENDOR LEVELS



WEEKS LEADING UP TO SENIOR SAFARI	WATERING HOLE SPONSORS (NEW! 1 EACH)										
	PRESENT-ING (1) \$2,000	ENTER-TAINMENT (1) \$1,500	HOSPI-TALITY (1) \$1,500	PROGRAM SPONSORS (2) \$1,000	CAT COUNTRY \$750	PANDA EXHIBIT \$750	ZAMBEZI RIVER \$750	PRIMATE CANYON \$750	VIP SPONSOR \$500/\$575	VENDORS \$200/\$275	HOSPITALITY DONORS \$75 or FOOD
Company mention at all PNA meetings	✓	✓	✓	✓	✓	✓	✓	✓			
Logo on promotional marketing materials* *Depending on printing deadlines.	✓	✓	✓	✓							
Recognition in media coverage:	✓	✓	✓	✓							
PNA website	✓	✓	✓	✓	✓	✓	✓	✓			
Email blasts	✓	✓	✓	✓	✓	✓	✓	✓			
TV / Radio / Social Media	✓	✓	✓	✓							
Special Themed Tablecloth					✓	✓	✓	✓			
Recognition at Pre-Event Party	✓	✓	✓								
DAY OF SENIOR SAFARI											
Visibility to 3000 senior attendees	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Visibility to 200 Vendors & Volunteers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6' Table, white tablecloth, 2 chairs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Logo on event T-shirts worn by Volunteers	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Prominent placement with chosen Sponsorship (logo, table, location)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sponsor logo listed on inside of program handout	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Location in VIP area at the front of the Zoo	✓	✓	✓	✓					✓		
Recognition in Hospitality Suite	✓		✓								✓
Recognition in Entertainment Pavilion	✓	✓									
Prominent recognition at entry of event, visible to all senior attendees	✓										
Presenting Sponsor Logo on Cover of program handout	✓										
1st choice of location with 2 tables provided	✓										
Vendor name listed on Zoo map of program handout										✓	
Placement of Vendor table at high-traffic area in Zoo										✓	

For more information, email info@pnamidsouth.org, call 901-730-0528 or go to www.pnamidsouth.org. Fax Application and payment to 901-730-0528, email to info@pnamidsouth.org, or mail to Professional Network on Aging, 6539 Knight Arnold Rd., Ext. #46, Memphis, TN 38115.

Sponsor/Vendor Application

Senior Safari at the Memphis Zoo • Wednesday, October 2, 2019 • 9am–2pm

This Application agreement is made by and between the Professional Network on Aging, Senior Safari at the Memphis Zoo Committee, 6539 Knight Arnold Rd., Ext. 46, Memphis, TN 38115 (signature required below)

and **Company Name:** _____

Exact way you want Company Name to be printed: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Email: _____

Office Phone: _____ Cell: _____

DEADLINE: Application and payment must be received by September 16th to be printed in Senior Safari program.

Sponsor/Vendor Choices	Investment	Amount Due
Presenting Sponsor (1)	\$2,000	SOLD
Entertainment Sponsor (1)	\$1,500	SOLD
Hospitality Sponsor (1)	\$1,500	SOLD
Program Sponsors (2 available)	\$1,000	SOLD x 2
Cat Country Exhibit--Watering Hole Sponsor (1)	NEW! \$750	SOLD
Panda Exhibit--Watering Hole Sponsor (1)	NEW! \$750	SOLD
Zambezi River Exhibit--Watering Hole Sponsor (1)	NEW! \$750	SOLD
Primate Canyon Exhibit—Watering Hole Sponsor (1)	NEW! \$750	SOLD
VIP Sponsor – PNA Member	\$500	
VIP Sponsor – Non-PNA Member	\$575	
Vendor – PNA Member	\$200	
Vendor – Non-PNA Member	\$275	
Hospitality Donor	Food or \$75	
Lunch (Please check Number Needed):	<input type="checkbox"/> 1 or <input type="checkbox"/> 2	
Additional Lunches above 2 needed	_____ @ \$10 ea	
	TOTAL DUE	\$
Do you need Electricity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Payment Method
Credit Card Type	
Credit Card #	
Exp. Date:	
Security Code:	
Name on Card:	
Zip Code for Card:	
CHECK NO.:	

Checks should be made payable and mailed to:

Professional Network on Aging
 6539 Knight Arnold Rd., Ext. 46
 Memphis, TN 38115
 Phone: 901-730-0528 Fax: 901-730-0528

Fax Application and payment to 901-730-0528, mail to PNA address above or email to info@pnamidsouth.org.

Payment is due based on this agreement. **You may fax or email this form to tentatively reserve your entry prior to mailing the payment; however, payment is necessary to participate in the event.** No refunds will be given on cancellations made within 10 working days of the event. If the event is cancelled for any reason within the control of the Professional Network on Aging ("PNA"), you will be eligible for a complete refund. Sponsor/Vendor agrees to abide by the rules of the event and the rules otherwise imposed by PNA at any time. Sponsor/Vendor shall assume the responsibility for having a representative in attendance for the event. All representatives shall exhibit proper conduct during the event. Any conduct which is deemed inappropriate by PNA or other parties involved with the event may result in the Sponsor/Vendor's removal from the event. Sponsor/Vendor understands that PNA reserves the right to refuse participation in any PNA event by any company, agency, or individual for any reason.

The Sponsor/Vendor agrees to comply with all fire and safety rules and regulations adopted by all applicable governmental authorities and with all parties involved with the production of this event. Sponsor/Vendor agrees that it shall release, indemnify, and agree to hold harmless PNA and other parties involved with the event from and against liabilities and claims for damage, loss, or injury to person or property suffered during the event (Including set-up days and nonbusiness hours). Sponsor/Vendor understands that liability and casualty insurance against such damage, injury, and loss is their responsibility. Sponsor/Vendor agrees that any photographs taken by PNA at any PNA event are the property of PNA and may be used for further marketing efforts. The Sponsor/Vendor shall not have waived or be deemed to have waived, by reason of this paragraph, any defense which it may have with respect to such claims.

Signature of Organization Representative: _____

Date _____

OFFICE USE ONLY: INVOICE # _____ CHK # _____ CC LOG # _____

DATE PD _____ AMT PD _____ IN SS _____