

# Sponsor/Vendor Application

Senior Safari at the Memphis Zoo • Wednesday, October 4, 2023 • 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 18th to be printed in Senior Safari program.**

Sponsor/Vendor Choices	Investment	Amount Due
<b>Presenting Sponsor (1)</b>	\$2,500	
Entertainment Sponsor (1)	\$2,000	
Hospitality Sponsor (1)	\$2,000	
Program Sponsors (2 available)	\$2,000	
Cat Country Exhibit--Watering Hole Sponsor (1)	\$1,000	
China Exhibit--Watering Hole Sponsor (1)	\$1,000	
Zambezi River Exhibit--Watering Hole Sponsor (1)	\$1,000	
Primate Canyon Exhibit—Watering Hole Sponsor (1)	\$1,000	
<b>VIP Sponsor</b>	\$750	
<b>Vendor – PNA Member</b>	\$400	
Vendor – Non-PNA Member	\$500	
Hospitality Donor	\$125	
<b>Lunch (Please check Number Needed):</b>	<input type="checkbox"/> 1 or <input type="checkbox"/> 2	
Additional Lunches above 2 needed	_____ @ \$10 ea	
	<b>TOTAL DUE</b>	<b>\$</b>
<b>Do you need Electricity?</b>	<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

Email Application and payment to  
[info@pnamidssouth.org](mailto:info@pnamidssouth.org) or mail to PNA address above.

Payment is due based on this agreement. **You may mail or email this form to 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 \_\_\_\_\_