

CALL TO ACTION 2009
CONFERENCE ◀ LUNCHEON ◀ AWARD CEREMONY

Dear Elder Advocates,

Elder Financial Protection Network is proud to present the 5th Annual *Call to Action*, to be held on March 26, 2009, at the Carnelian Room, located at 555 California St., 52nd Floor, San Francisco, California.

We are reaching out to you – our treasured partners and colleagues – for event sponsorship. Enclosed with this letter, you will find a description of each level of support. Purchasing a table not only guarantees that you'll have a front row seat to all the expert speakers, the elegant luncheon and the dynamic awards ceremony, but your support will also serve as a powerful symbol to the community that you are a leader in the fight against elder financial abuse.

For the first time, in addition to purchasing tables at the conference and luncheon, we are inviting organizations to purchase very limited table space in our new Call to Action 2009 Resource Room. It will be a wonderful opportunity to display your organization's materials for over 300 professionals, expert panelists, speakers and California luminaries. And the view from this room on the 52nd floor is unparalleled!

We sincerely hope to see you at this year's event. And if your organization cannot make it on the 26th, or if you cannot fill a whole table, we can provide the available seats to low income elders and under funded elder advocates would otherwise not be able to attend.

Best,



Jenefer Duane
Founder & CEO

Elder Financial Protection Network
550 Montgomery Street, Suite 485, San Francisco, CA 94111

415.956.5556 Fax 415.956.5559

info@bewiseonline.org <http://bewiseonline.org>



*Conference ♦ Luncheon ♦ Awards Ceremony
Banker's Club, Carnelian Room, San Francisco, CA
March 26, 2009*

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

Resource Room – Table Top Display (\$1,000)

- 8 foot table for literature display
- 2 seats for Conference & Luncheon
- *Very limited space available*


CALL TO ACTION
Prevent Elder Financial Abuse

SPONSOR REGISTRATION FORM

Sponsor Level: Platinum ___ Gold ___ Silver ___ Bronze ___ Table ___
Corporate Donation \$ _____
Individual Donation \$ _____

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

Contact _____

Address _____

City/State/Zip _____

Telephone# _____ Fax # _____

E-mail: _____

Onsite Representatives: *(as it will appear on the 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
admin@bewiseonline.org

***IMPORTANT NOTE :** *Sponsors must provide a completed sponsorship reservation , payment and useable high resolution files by March 2, 2009 to , included in the program. If you have questions, please conta ct Jenefer Duane at jduane@bewiseonline.org .*

OR complete credit card information below and fax to 415.956.5559

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