

2026 EVENT SPONSORSHIP FORM

Company Name: _____

Contact Name: _____

Work Phone Number: _____

Mobile Phone Number: _____

Email: _____

Sponsor Package	Exhibitor
\$1,000 – one event	\$400 – non-profit, per event
\$3,000 – two events	\$600 – for-profit, per event
\$5,000 – three events	
\$10,000 – four events	

Please indicate your event choice(s) below by placing and “x” in the corresponding box.

Sponsor Package Event Options		Exhibitor Event Options	
<input type="checkbox"/>	Legislative Breakfast, April 27	<input type="checkbox"/>	Legislative Breakfast, April 27
<input type="checkbox"/>	Spring Fling, May 20	<input type="checkbox"/>	Spring Fling, May 20
<input type="checkbox"/>	60+ Safari, September 16	<input type="checkbox"/>	60+ Safari, September 16
<input type="checkbox"/>	Honoring Caregiver Luncheon, November 2026	<input type="checkbox"/>	Honoring Caregiver Luncheon, November 2026

To pay by check please include payment with the sponsorship form. Make checks payable to AOoA and mail to:

AOoA
2155 Arlington Ave.
Toledo, OH 43609
Attn: Fiscal Department

Pay by
credit card



Questions? Contact Michelle Kravetsky;
mkravetsky@areaofficeonaging.com or 419-340-8386