



## AARP PRESENTATION STAGE APPLICATION

**Event Pocket Guide Deadline: August 24, 2009\***

*\*Applications received after the deadline will not be included in the Event Pocket Guide listing.*

The Vegas@50+ Presentation Stages give registered exhibitors an opportunity to further market their products and services. **Thirty minutes in duration**, standard presentations are \$750 per session (\$1,000 with Internet Connection). Confirmation of your session will be sent two to four weeks following the receipt of your application. Additional details surrounding the payment and cancellation policies may be found in Section VI.

For additional information and updates: visit [www.aarp.org/events](http://www.aarp.org/events)

### I. Sponsor / Billing Information

Please provide the information for the **official contact person** from your organization who is authorizing a presentation at **Vegas@50+**. Please print.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE (FIRST NAME, MIDDLE INITIAL, LAST NAME) TITLE

\_\_\_\_\_  
ORGANIZATION NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
(BUILDING, SUITE, ROOM NUMBER)

\_\_\_\_\_  
CITY, STATE, COUNTRY, ZIP CODE +4

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

**Time Slot Choices (Indicate your preference in numerical order – 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice).**

Thursday, October 22	Friday, October 23	Saturday, October 24
_____AM	_____AM	_____AM
_____PM	_____PM	_____PM

### II. Program Information (Please print).

Title of Presentation (10 words or less) \_\_\_\_\_

By (Presentation Sponsor or Company) \_\_\_\_\_

*\* Applications received after August 24, 2009 will not be included in the Pocket Guide or listed in any signage.*



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**Presenter Contact Information**



PRESENTER'S NAME

COMPANY/ORGANIZATION

TELEPHONE NUMBER

CELL PHONE

FAX

E-MAIL

**III. Presentation Description**

- A description (200-word maximum) of your presentation **must** accompany your application or it **will not** be processed.
- Each presentation requested **must** have a separate description

**IV. Fee Schedule**

Indicate the quantity in the appropriate space

Stage Type	Cost	Quantity	Total
Standard Stage	\$ 750	x	=
Internet Connection Stage	\$1,000	x	=

**V. Payment and Cancellation Policy**

- Do not send payment with this application. Each presentation will be invoiced at cost.
- Confirmation of your session(s) will be sent two to four weeks following the receipt of your application.
- All payments are due within 30 days of receipt of invoice or 30 days prior to the event, whichever is earlier.
- Cancellations after the August 24, 2009 deadline will be assessed the full purchase price.

**VI. Submitting Application**

**Please sign and return this application to:**  
 AARP Services, Inc. | Sponsorship & Exhibits  
 650 F. Street, NW | Washington, DC 20004  
 Phone: 202-434-2767 | Fax: 202-434-7681

**Please do not write inside this box.**

DATE APPLICATION REC'D

DATE ACCEPTED BY AARP

DISK & MATERIALS REC'D

LOCATION

INVOICE DATE & AMOUNT

PAYMENT DATE & AMOUNT