



— MID-EAST —  
**AREA AGENCY**  
 ON AGING

## APPLICATION

SPONSORSHIP  
 INFORMATIONAL PRESENTATION  
 HEALTH SCREENING

*Thank you for your interest in sponsoring MEAAA, making a presentation, or offering health screenings at an MEAAA program location.*

**For SPONSORSHIP:**

Please contact Jan Keith via email at: [jkeith@mid-eastaaa.org](mailto:jkeith@mid-eastaaa.org) or by phone at 636-207-0847.

**For PRESENTER or SCREENER:**

*To be considered as a presenter or screener, please complete the following application. **This does not guarantee that you will be selected.** We ask that you sign an agreement that no product or service will be sold to program attendees.*

*Please send completed application to Jan Keith via email at [jkeith@mid-eastaaa.org](mailto:jkeith@mid-eastaaa.org), by fax to 636-207-1329, or mail to 14535 Manchester Rd., Manchester, MO 63011.*

Organization: \_\_\_\_\_

Organization's Mission: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check one: My organization is \_\_\_\_\_ not-for-profit \_\_\_\_\_ for-profit

Proposed presentation title or service:  
 \_\_\_\_\_

Description of presentation or service, including how attendees will benefit: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Length of presentation or service: \_\_\_\_\_

Maximum \_\_\_\_\_ or Minimum \_\_\_\_\_ number of attendees? (optional)

Name of presenter: \_\_\_\_\_

Presenter's background/qualifications related to presentation:  
 \_\_\_\_\_

Please describe any prior relationship with MEAAA: \_\_\_\_\_

County(ies) where you are available: St. Louis \_\_\_\_\_ St. Charles \_\_\_\_\_ Jefferson \_\_\_\_\_ Franklin \_\_\_\_\_

Will presentation require AV equipment? Laptop \_\_\_\_\_ Projector \_\_\_\_\_ Other \_\_\_\_\_

How should the room be set up? \_\_\_\_\_

FOR MEAAA USE: Approved \_\_\_\_\_ Declined \_\_\_\_\_