



## Application Sponsored/Endorsed Events

Please provide the information requested below and **send this form along with budget and other attachments to the Chairperson of the AGEHR Area where your event will take place.** The Chairperson will forward the application with his/her approval to the AGEHR national office for final review and approval by the AGEHR Executive Director.

Event Name: \_\_\_\_\_

Event Type:  Sponsored (presented by an Area or subsection of AGEHR)  
 Endorsed (presented by a non-profit organization that is a member of AGEHR)

Event Date(s): \_\_\_\_\_ Event Day(s): \_\_\_\_\_

Event Location (venue, city and state): \_\_\_\_\_

Website for Event Information: \_\_\_\_\_

Primary Event Contact: \_\_\_\_\_

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Member No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Event Goals/Purpose: \_\_\_\_\_

Expected Paid Attendance: \_\_\_\_\_ No. of Other Participants: \_\_\_\_\_

What is your marketing region?  
*(Where will you advertise and promote your event? List geographic region, state, or zip codes.)*

Primary Event Clinician(s): \_\_\_\_\_

Registration Fee Per Registrant: \$ \_\_\_\_\_

I have read and understand the Criteria for Sponsorship/Endorsement and the related materials as well as reporting requirements and agree to comply with all conditions.

Date: \_\_\_\_\_

### Primary Event Contract

Attach the following to this application and send to the chairperson of the AGEHR Area where your event will be held: (1) Event Budget, (2) Mailing Label/List Request (if desired), (3) a schedule of activities offered at the Event, (4) a list of music repertoire (include title, composer/arranger, and publisher) used at the Event and (4) request for Certificate of Insurance (if needed). If you need the address for your Area Chair, please contact the national office at 1-800-878-5459.

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### Office Use Only

Area Chair:  Approve  Deny (please attach written explanation)

Date: \_\_\_\_\_

Area Chair Signature

Date: \_\_\_\_\_

AGEHR Executive Director Approval Signature