

September 23-24, 2025

Waterfront Holiday Inn & Conference Center 940 W Savidge Street, Spring Lake, Michigan



The inaugural Michigan Elder Justice Conference is focused on keeping older adults safe from abuse, neglect, and financial exploitation, bringing together professionals, experts, and advocates for opportunities to learn, network and collaborate.

Attendees will be a diverse group who work with older adults, including:

Law Enforcement
Adult Protective Services
Prosecutors/Asst. Prosecutors
Financial Organizations

Medical Professionals
Senior Centers/Facilities
Senior Support Services

Multidisciplinary Teams

Continuing Education Units will be available for participants.

**Conference Planning Partners:** 

- AgeWell Services of West Michigan
- SafeSeniors Elder Justice Collaborative
- Prosecuting Attorneys Association of Michigan
- Michigan Department of Health & Human Services

Conference sponsorship opportunities let you show your support of elder justice work, while giving your organization a chance to connect with an expected 200 conference participants from across Michigan.

| Details and Recognition       | Premier<br>Sponsor   | Lunch<br>Sponsor | Breakfast<br>Sponsor | Happy Hour<br>Sponsor | Snack<br>Sponsor | Expo<br>Exhibitor * |
|-------------------------------|----------------------|------------------|----------------------|-----------------------|------------------|---------------------|
| Sponsorship cost              | \$5,000              | \$2,500          | \$2,500              | \$1,500               | \$1,000          | \$75                |
| Opportunities available       | spot filled          | 2                | 1                    | 1                     | 4                | 21                  |
| Recognition during conference | opening<br>& closing | lunch            | breakfast            | Happy Hour            | snack            |                     |
| Conference printed materials  | logo                 | logo             | logo                 | name                  | name             | name                |
| Conference digital materials  | logo                 | logo             | logo                 | name                  | name             | name                |
| Newsletter listing (once)     | logo                 | logo             | logo                 | name                  | name             | name                |
| Exhibitor table               | 1                    | 1                | 1                    | 1                     | 1                | 1                   |
| Conference registrations      | 8                    | 4                | 4                    | 2                     | 2                | 1                   |

<sup>\*</sup> Expo hours are on September 23 from 12:30-1:30 (during lunch) and from 3:00-5:00.

Deadline to reserve sponsorship is September 12.

Deadline to send payment and high resolution logo is September 19, 2025.

Fill out the application on the next page and return with check payment. Any questions or to email high resolution logo, please reach out to Jennifer Drury, Advancement Director, at jennifer@agewellservices.org or (231) 733-8635.



Sponsorship & Exhibitor Form

September 23-24, 2025

## Sponsorship Package

| Premier Sponsor (spot filled)  | <ul><li>Breakfast Sponsor</li></ul>   | Snack Sponsor  |  |  |  |  |
|--|---|--|--|--|--|--|
| <ul><li>Lunch Sponsor</li></ul>  | <ul><li>Happy Hour Sponsor</li></ul>  | Expo Exhibitor   |  |  |  |  |
| Each sponsorship level includes 1 Expo tab<br>There is also an check box below for spons   | • • • • • • • • • • • • • • • • • • •   |  |  |  |  |  |
| Payment Options  |   |  |  |  |  |  |
| Company Name:  |   | inital materials)  |  |  |  |  |
| (PLEASE PRINT as you want it to appear on all print and digital materials)  Address:   |   |  |  |  |  |  |
| City:  |   | Zip Code:  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| <ul><li>Check enclosed. Make checks payable to: AgeWell Services of West Michigan.</li><li>Paying by credit card - Please return completed form via mail, email or fax to 231-733-8635</li></ul> |   |  |  |  |  |  |
| Name on Card:  | Phone Number:   |  |  |  |  |  |
| Card Number:   |   |  |  |  |  |  |
| Verification Code: Expi  | rification Code: Expiration Date: Zip Code:                                       |  |  |  |  |  |
| Signature:   |   |  |  |  |  |  |
| Even Contact and 20  | ) for an 12-20 (1-20 / loving love lab) and for                                   | 2.00 5.00  |  |  |  |  |
| Expo Expo hours are on September 23  | 3 from 12:30-1:30 (during lunch) and fr   | om 3:00-5:00.  |  |  |  |  |
| We would like a table at the Expo.   | We will need electricity.   | We will need lunches. (2 lunches included with Expo fee) |  |  |  |  |
| We do not want a table at the Expo, but would like to include materials in participant bags.   |   |  |  |  |  |  |
|  | ent using the enclosed envelope to: Ago<br>'5 W. Clay, Suite 100, Muskegon, MI 49 | _  |  |  |  |  |

Sponsorship payment must be submitted prior to receiving recognition. Sponsorship payment and high-resolution image of company logo must be provided no later than August 29, 2025, for recognition on printed items. Email company logo to jennifer@agewellservices.org.