

“PASSPORT FOR HEALTHY AGING” SYMPOSIUM

April 4, 2012, 8:30 am – 2 pm

Decker Theater, Washington College

AGREEMENT FORM FOR EXHIBITORS

Please Print Clearly

ORGANIZATION OR COMPANY NAME (to be listed in program) :

NAME OF CONTACT PERSON _____

MAILING ADDRESS _____

PHONE: _____ E-MAIL ADDRESS _____

Description of Services and Products to be Presented

(Describe information that will be conveyed to attendees for them to incorporate into their aging plan.
Use reverse if necessary.)

Payment Enclosed (Payable to HomePorts, Inc.)

Check: _____ \$30 (business) _____ \$15 (non-profit)

Charge card to be used (call HomePorts with information)

_____ Invoice required for payment

Mail P.O. Box 114
Chestertown, MD 21620
Phone: 443-480-0940

*Executive Director: Karen Wright
Location: Town Hall, 118 Cross Street
Chestertown, MD
E-Mail: info@homeports.org*