

2020 Corporate Alliance Program Application January 1 – December 31, 2020*

company name _____
address _____
city, state, zip _____
website _____

**All information above will be used for publishing. Please list your company info as you would like it displayed in print.*

primary contact _____ title _____
phone _____ e-mail address _____
secondary contact _____ title _____
phone _____ e-mail address _____

** If you would like to include additional contacts, please attach.*

Owned by current LeadingAge provider member provider name _____
If owned by a current LeadingAge provider member, you are applicable to receive complimentary Business Associate membership. Subject to verification. city/state _____

Product/Service Category Please check off up to 2 categories

- | | | | | | |
|-----------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Computer/Data Management/Software | <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Human Resources Systems/Services | <input type="checkbox"/> Medical Products & Services | <input type="checkbox"/> Resident Monitoring |
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Construction | <input type="checkbox"/> Executive Search/ Recruitment | <input type="checkbox"/> Identification Systems | <input type="checkbox"/> Nutrition Management | <input type="checkbox"/> Retirement Planning |
| <input type="checkbox"/> Actuarial | <input type="checkbox"/> Consulting | <input type="checkbox"/> Facility Management | <input type="checkbox"/> In-Home Health Care Products and Services | <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Adult Day Services | <input type="checkbox"/> Dairy Supplier | <input type="checkbox"/> Federal Government Assistance | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Ozone Systems | <input type="checkbox"/> Seating |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Dementia Engagement | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Insurance | <input type="checkbox"/> Pest Control | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Design/Build | <input type="checkbox"/> Fire Safety/Prevention | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Pharmaceutical Services | <input type="checkbox"/> Technology Assistive Devices |
| <input type="checkbox"/> Architecure | <input type="checkbox"/> Development Services | <input type="checkbox"/> Flooring | <input type="checkbox"/> Internet Services | <input type="checkbox"/> Procurement Services | <input type="checkbox"/> Telehealth Products & Services |
| <input type="checkbox"/> Assn/Education | <input type="checkbox"/> Disaster Response | <input type="checkbox"/> Food Management | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Project Management | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Distribution | <input type="checkbox"/> Food Service | <input type="checkbox"/> Lifts | <input type="checkbox"/> Publishers | <input type="checkbox"/> TV Systems |
| <input type="checkbox"/> Bathing Systems | <input type="checkbox"/> E-Learning for Staff Training and Development | <input type="checkbox"/> Fundraising/Business Development | <input type="checkbox"/> Lighting | <input type="checkbox"/> Quality Improvement | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Bedding | <input type="checkbox"/> Electronic Medical Records | <input type="checkbox"/> Furniture | <input type="checkbox"/> Maintenance Supplies | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Wander-Fall Prevention |
| <input type="checkbox"/> Billing Services | <input type="checkbox"/> Emergency Response Systems | <input type="checkbox"/> Group Purchasing | <input type="checkbox"/> Management Services | <input type="checkbox"/> Rehabilitation/Therapy Services | <input type="checkbox"/> Wellness Programs & Equipment |
| <input type="checkbox"/> Brain Fitness | <input type="checkbox"/> Engineering | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Marketing & Communications | <input type="checkbox"/> Research | <input type="checkbox"/> Wireless Communications |
| <input type="checkbox"/> Brand Identity | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Hand Hygiene | <input type="checkbox"/> Master Planning | <input type="checkbox"/> Resident Care and Personal Products & Services | |
| <input type="checkbox"/> Building Equipment/ Products | | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Meal Delivery Systems | | |
| <input type="checkbox"/> Communication Systems & Services | | | | | |

I agree to join LeadingAge at the following level: *For information about Gold and Silver Partnership, please contact the LeadingAge Sales Team at Sales @LeadingAge.org*

- Business Associate \$1,850 Supporter \$25,000 Annual Meeting Sponsor \$15,000
 CAST Business Associate \$3,000 CAST Supporter \$25,000
 I am a member of _____ and qualify for a \$100 discount. (\$100 maximum discount.) *State Association Name*
 I am a University and qualify as a complimentary CAST Business Associate _____ *University Name*

Payment Method

Total payment due _____

- Check (payable in U.S. dollars to LeadingAge)
 MasterCard VISA Discover American Express

credit card number _____
expiration date _____
cardholder's name _____ *as it appears on card*
authorized signature _____
date _____

Send this form to:

LeadingAge

Attn: LeadingAge Sales Team
2519 Connecticut Avenue NW
Washington, DC 20008-1520
Fax: 202-939-5820

E-mail: Sales@LeadingAge.org

Complete your application online:
www.leadingage.org/corporate-alliance-program-application