



## 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:** \_\_\_\_\_

**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.

\_\_\_\_\_  
**Primary Event Contract** Date: \_\_\_\_\_

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, and (4) a list of music repertoire (include title, composer/arranger, and publisher) used at the Event. If you need the address for your Area Chair, please contact the national office at 1-800-878-5459.

Office Use Only

**Area Chair:**  Approve  Deny (please attach written explanation)

\_\_\_\_\_  
**Area Chair Signature** Date: \_\_\_\_\_

\_\_\_\_\_  
**AGEHR Executive Director Approval Signature** Date: \_\_\_\_\_