



Western Illinois Area Agency on Aging

Aging and Disability Resource Center

729 34th Ave., Rock Island, IL 61201-5950

Phone: (309) 793-6800

Fax: (309) 793-6807

Toll Free (800) 322-1051

Website: www.wiaaa.org

*Sponsor of the Retired & Senior Volunteer Program
of Eastern Iowa & Western Illinois*

Western Illinois Area Agency on Aging is pleased to invite you to participate in its **40th Annual Conference**, to be held **September 13th, 2018** at the TaxSlayer Center in Moline. Leaders in the field of aging from Illinois and Iowa, including nursing home administrators, hospital staff, social workers, parish nurses, staff from our funded agencies, and seniors attend this conference. Continuing education credits are available. We are very fortunate to have the following speakers for the conference this year:

- **Transitions Mental Health Services will present on The ACES (adverse childhood experiences) Study and the life long implications.**
- **Nancee Blum, MSW, LISW from the University of Iowa will present on Hoarding Disorder in the Elderly.**

You are invited to promote your company or organization by setting up a vendor display for information and education purposes. The speaker starts **at 9:00 a.m. and ends at 3:30 p.m.** We ask that your displays be set up by 8:00 a.m. when registration begins. We suggest you remain open for browsing until 3:30 p.m. to gain as much participant exposure as possible. The TaxSlayer Center will be open at 7:30 a.m. for set up. All tables will be skirted. **Display space is limited and will be made available on a first come first serve basis.**

A display table without electricity is **\$75** and a display table with electricity is **\$100**. **These fees do not include lunch and session fees**, for which pre-payment is necessary due to TaxSlayer Center's advance head count requirements. It will cost an additional **\$50 for each person** attending sessions and/or joining us for lunch.

If you would like to register as a vendor, please complete the enclosed form. This registration is to participate as a vendor **ONLY**. If you would like to attend the sessions and/or eat lunch, you **MUST** register for the conference and pay the attendance registration fee. Upon receipt of the attached vendor registration form, a confirmation will be emailed to you indicating which kind of table you require. If you need additional information, you may contact **Amy Phillips** at (309) 793-6800 or by email: aphillips@wiaaa.org.

VENDOR REGISTRATION FORM

Check only please.

Please complete the form and return it with payment by **Wednesday, August 8th, 2018.**

Name of company/organization: _____

Contact person: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

\$75 Table _____ \$100 Table w/electricity _____

e-mail address (for confirmation): _____

This registration is to participate as a vendor ONLY.

If you would like to attend the sessions and/or eat lunch, you MUST register for the conference and pay the attendance registration fee.

**Mail completed form and payment to: Western Illinois Area Agency on Aging
729 34th Avenue, Rock Island, IL 61201**