



Date: \_\_\_\_\_

## Presentation Application

*Thank you for your interest in supporting **Aging Ahead**.*

**Organization must be a non-profit in order to qualify to present with our agency.**

Organization: \_\_\_\_\_

Name of person completing application: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

***This does not guarantee that you will be selected. We ask that you sign an agreement (attached) that no product or service will be sold to program attendees.***

Proposed presentation title: \_\_\_\_\_

Description of presentation, including how attendees will benefit: \_\_\_\_\_

Community Location (45-60 minutes): \_\_\_\_\_ Agency Location (15-20 minutes): \_\_\_\_\_

Maximum \_\_\_\_\_ or Minimum \_\_\_\_\_ number of attendees? (Optional)

Name of presenter: \_\_\_\_\_

County(ies) where you are available: St. Louis \_\_\_\_\_ St. Charles \_\_\_\_\_ Jefferson \_\_\_\_\_ Franklin \_\_\_\_\_

Will presentation require special equipment or room set-up? Laptop \_\_\_\_\_ Projector \_\_\_\_\_ Other \_\_\_\_\_

FOR **Aging Ahead** USE: Approved \_\_\_\_\_ Notified: \_\_\_\_\_ Declined \_\_\_\_\_  
Informed Staff \_\_\_\_\_



## PRESENTER GUIDELINES & AGREEMENT

When supporting **Aging Ahead** by providing an educational presentation or activity, I agree to abide by the following guidelines:

- Presenters are prohibited from collecting participant contact information.
- Presenters are prohibited from selling any product or service at **Aging Ahead** program locations.
- Presenters are prohibited from distributing business cards/brochures to participants; however, materials may be made available on the day of the program for participants to voluntarily collect.
- The roster of presentation participants is for **Aging Ahead's** use only.
- If approved please note that scheduling of presentations is dependent on and coordinated through agency locations. Scheduling is dependent on needs, interests, and availability.
- Informational presentations must offer all sides of an issue if it is one of controversy.
- **Aging Ahead** does not endorse presenters or presenting organizations.
- Presenters will be notified annually to reapply.

I have read and agree to follow all of the guidelines stated in this agreement. Violation of any terms of this agreement may result in immediate discontinuation of approved presenter status.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Please return completed forms to [partners@agingahead.org](mailto:partners@agingahead.org) or **Aging Ahead**, 14535 Manchester Road, Manchester MO 63011. Questions? Call 636-207-0847