

**CARE PARTNERS PACKAGE**

Please return the signed and completed form no later than 5 p.m. on October 21, 2009. **Mail to:** Benjamin Rose Institute, 11900 Fairhill Road, Suite 300, Cleveland, OH 44120, Attn: Jeanne. Or **fax to:** 216.373.1816.  
**For questions, call Jeanne at 216.373.1686.**

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

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E- Mail:** \_\_\_\_\_

*Please Choose One*

**Level 1 Care Partner Package (\$750)**

- Registration for 8 to the morning CEU sessions (3 Social Work/Nursing/Counselor CEUs per registrant)
- Luncheon table for 8, with signage featuring your organization's name
- Half-page display ad in the conference program (4.5"w x 3.25"h; PDF or standard graphics format; please e-mail to [jhoban@benrose.org](mailto:jhoban@benrose.org))
- Your organization's literature in conference materials and/or a small item in a takeaway bag.

**Level 2 Care Partner Package (\$600)**

- Registration for 8 to the morning CEU sessions (3 Social Work/Nursing/Counselor CEUs per registrant)
- Luncheon table for 8, with signage featuring your organization's name
- Your organization's literature in conference materials and/or a small item in a takeaway bag.

**Payment options:**

**Please Send Invoice**

**Check enclosed (made payable to The Benjamin Rose Institute) for**     **\$750**     **\$600**

**Charge my credit card:**     **VISA**     **MC**     **AMEX**     **DISCOVER**

**Account Number:** \_\_\_\_\_ **Exp. date:** \_\_\_\_\_

**Cardholder Name (please print):** \_\_\_\_\_

**Authorized signature:** \_\_\_\_\_