



Thursday, June 13, 2024
8:00 – 3:45
The Inn at Opryland
2401 Music Valley Drive, Nashville, TN

Vendor Invitation and Registration

An excellent marketing opportunity. The Time Out Workshop provides continuing education to Social Workers, Discharge Planners, Case Managers and others serving the elderly and disabled. A popular objective of the one-day workshop is that it offers a low cost means of obtaining needed contact hours.

Limited number of sponsoring vendors. The 25 vendor exhibits in this event have always proven to be popular and well visited by the participants.

Vendor fee. \$450, plus a \$30 door prize (you bring)

Vendor participation includes:

- ◆ Prominent exhibit placement in break area (skirted tables provided); *display max. width 6 ft.*
- ◆ Attendee visitation during registration, morning break, lunch and afternoon breaks
- ◆ Introduction of your company with a description of your services/products at opening of workshop
- ◆ Written recognition in workshop workbook
- ◆ Inclusion in promotional slide show during registration, breaks and lunch
- ◆ Recognition with door prize drawing
- ◆ Lunch for two, refreshments and invitation to join audience during speaker sessions
- ◆ List of workshop attendees

If interested in participating as a sponsoring vendor in the annual *Time Out Workshop*, please complete and return the attached registration no later **April 19, 2024**.

Because spaces are limited, they will be filled on a first come, first serve basis.

Thank you for your consideration. Please direct any questions to our office, **(615) 824-2571** or email **dhentschel@tn-elderlaw.com**. Vendors will be contacted prior to the workshop concerning specific set-up guidelines.



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Vendor Registration Form

Company name: _____

Contact person: _____

Contact person's phone: _____

Contact person's e-mail: _____

Company phone (Included in printed materials): _____

Mailing address: _____

Company website (included in printed materials): _____

Vendor fee: \$450 Payment options: check credit card (below)

CREDIT CARD PAYMENT:

Name on card: _____

Address: _____

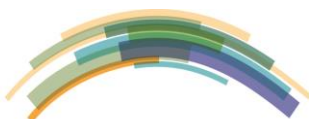
Card number: _____

Card type: _____ Expiration date: _____ CSV: _____

Authorized signature: _____ Date: _____

Please return registration with payment by April 19, 2024 to confirm vendor space reservation. Checks should be made payable to Johnson McGinnis Elder Care Law & Estate Planning.

NOTE: For promotional and introduction purposes, please EMAIL your logo and description of your services/products (50 word max) to dhentschel@tn-elderlaw.com



JOHNSON MCGINNIS
ELDER CARE LAW & ESTATE PLANNING

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