

SPONSORSHIP OPPORTUNITIES

2024 MEETING OF THE MINDS Dementia Caregiver Conference

This day-long conference welcomes professionals, caregivers, family, friends and those with early-stage dementia from across the Hudson Valley. Make a difference for those facing the disease, help increase the reach and impact of the Alzheimer's Association, and showcase your services, while gaining valuable brand recognition.



Thursday, May 16, 2024



9 am - 3 pm



Sleepy Hollow Hotel
(Tarrytown, NY)

	Presenting \$10,000	Breakfast \$5,000	Lunch \$5,000	Standard \$2,500
Exclusivity	Two Available	Two Available	Two Available	
Press release announcing sponsorship	X			
Inclusion in local media opportunities	X			
Opportunity to speak	X			
"Presented by..." and logo placement on front cover of conference program	X			
Sponsorship recognition in pre- and post-event materials	Logo	Logo	Logo	
Recognition in marketing emails	X	X	X	
Recognition on social media	X	X	X	
Opportunity to provide marketing items to be placed on tables during meal	Breakfast & Lunch	Breakfast	Lunch	
Recognition by emcee	X	X	X	
Ad in conference program	Full Page	1/2 Page	1/2 Page	1/4 Page
Recognition on event website, event signage, and within the conference program	Logo	Logo	Logo	Name
Opportunity to provide one promotional item in bag (given to each participant)	X	X	X	X
Exhibit Table at conference	X	X	X	X
Tickets to the conference	Six	Four	Four	Two

2024 MEETING OF THE MINDS Sponsorship Commitment Form

SPONSORSHIP INFORMATION

Company Name: _____ Date: _____

Contact Name: _____ Title: _____

Address: _____ City, State _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

SPONSORSHIP COMMITMENT (Select one)

Packages

- Presenting (\$10,000) - Two Available
- Breakfast (\$5,000) - Two Available
- Lunch (\$5,000) - Two Available
- Standard (\$2,500)

Ad in Program (Only)

- Full Page (\$1,500)
- Half-Page (\$1,000)
- Quarter-Page (\$500)

Exhibit Area (Only)

- Exhibit Table (\$500)

Sponsor agrees to pay full commitment no later than April 1, 2024. Alzheimer's Association agrees to deliver all benefits as noted above and present post-event proof of performance information

Sponsorship authorized signature: _____ Date: _____

PAYMENT INFORMATION

Total Commitment: \$ _____

Check enclosed (payable to Alzheimer's Association)

Please Invoice M

Credit Card (complete form below)

ACH / Wire Transfer

Card Number: _____ Expiration: _____ Security Code: _____

Payment authorized signature: _____ Date: _____

Print Name _____ Title: _____

Submit this completed form and a high-resolution image of your company logo to:

Lisa Kaurich, Director of Development
2649 South Rd #101, Poughkeepsie, NY 12601

lmkaurich@alz.org
914.253.6871

Sponsor warrants and represents that all its products and services comply with all applicable federal, state and local laws and regulations. Alzheimer's Association has the right to immediately cancel this sponsorship agreement in the event that Sponsor has:

- a) Had its license(s) revoked by any governmental authority exercising jurisdiction over Sponsor;
- b) Sponsor has voluntarily surrendered its license(s) after being cited for misconduct by any governmental authority exercising jurisdiction over that party;
- c) Sponsor has been alleged to have willfully violated the laws, rules or regulations of any jurisdiction or any governmental authority exercising jurisdiction over Sponsor;
- d) Otherwise violated the terms of sponsorship, which will be determined at the sole discretion of the Alzheimer's Association.

Alzheimer's Association Tax ID: 13-3039601