

# commitment form

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**Yes!**

**I will sponsor 2009 Ocala Educational Symposium  
at the level indicated below (please check):**

## **Educational Symposium**

**-Thursday, November 12, 2009 -- Hilton Ocala**

- \$3,000 Diamond
- \$2,000 Platinum
- \$1,000 Gold
- \$ 500 Silver
- \$ 250 Bronze

**-Total Sponsorship Amount:**

\$

## **Sponsor Information**

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company / organization (information should be written to reflect how it will appear on Symposium materials)

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contact name

title

---

address

city

state

zip

---

email

---

phone

fax

---

signature

date

## **Payment Information**

**-All payments must be received by Educational Symposium**

**-Please see the Sponsor Grid for other sponsorship deadlines**

- Check enclosed, Check # \_\_\_\_\_
- Check to follow, Estimated Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Please invoice to the above address
- Please call our office to schedule a customized payment plan

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**please return this form and payment to:**

Alzheimer's Association, Central & North Florida Chapter  
2411 NW 41st Street, Suite A • Gainesville, FL 32606 • 352.372.6266 p • 866.361.8954 f