

18th Annual
Professional Symposium
Partnership Form

alzheimer's 
association

Miami Valley Chapter

Alzdayton.org - Fax 937-291-0463

Dementia Care: *Past, Present & Future*

Early Bird Registration Specials!

Contact: Eric VanVlymen
3797 Summit Glen Dr. G100
Dayton, OH 45449 * (937) 291-3332
eric.vanvlymen@alz.org

Name of Partner(s): _____ agrees to a
commitment of \$ _____ for Symposium 2009.

Contact: _____ Phone Number: _____

Address: _____

City, State, and Zip: _____

Email: _____

Please choose the partnership level you would prefer and your Memory Walk '09 Discount Rate:

<u>Partnership Level</u>		<u>Memory Walk '09</u>	
		<u>Discount Rate</u>	
___ Platinum Level	(\$3,500)	_____	
___ Gold Level	(\$2,000)	_____	
___ Silver Level	(\$1,250)	_____	
___ Bronze Level	(\$750)	_____	
___ Copper Level	(\$500)	_____	
___ Zinc Level	(\$250)	_____	

Please invoice
(Invoice due 30 days) **or**

Check enclosed

Registration Information:
The symposium registration will be mailed in September. When submitting your attendees, simply write Partner in the payment section of the registration form. Thank you for your support!

We are unable to participate at a partnership level this year but would like to contribute \$ _____ to support a wide range of Alzheimer-related programs and research for the thousands of local families and individuals affected by this disease.

Payment: ___ Credit Card (Fax to 937.291.0463) ___ Check (Payable to the Alzheimer's Association)

CC #: _____ MC ___ VISA ___ AmEx ___ Discover

Expiration date: _____ Signature: _____

I have the authority to commit my organization to a \$ _____ partnership for Symposium 2009.

Signature: _____

Date: _____