



Alzheimer's Association SPRING SYMPOSIUM

Thursday, March 26, 2020

NEW LOCATION: Hurst Conference Center

Sponsorship Opportunities

For more information, please contact Shelly Young at 817-336-4949.

<p>The 2020 Spring Symposium will be held at the Hurst Conference Center located at 1601 Campus Drive, Hurst, Texas.</p>	Presenting Sponsors: Social Media Spotlight & Recognition at Event	Plenary Sponsors: Recognition at Event & Introduce Plenary Session Speaker		Education Track Sponsors: Company Table Outside Meeting Room & Introduce Speakers				Exhibitor
	Presenting Sponsor	Morning Plenary	Afternoon Plenary	Caregiver (Early Stage)	Caregiver (Mid-Late Stage)	Professional (CE)	Clinician (CME)	
Investment	\$10,000	\$4,500	\$4,500	\$3,750	\$3,750	\$3,750	\$3,750	\$500
Number of Sponsorships Available	1	1	1	1	1	1	1	Many
Social Media Spotlight	✓							
Company Logo Featured on Symposium Packet Cover	✓							
Company Profile Page in Symposium Packet	✓							
Recognition in all Press Releases	✓							
*Company Logo on Registration Brochure	✓	✓	✓					
Recognition in Chapter e-News	✓	✓	✓					
Recognition in Scrolling Slide Show for Each Track	✓	✓	✓	✓	✓	✓	✓	
Recognition in Symposium Participant Packet	Logo	Logo	Logo	Name Only	Name Only	Name Only	Name Only	
Exhibit Hall Space	10x10 Booth	10x10 Booth	10x10 Booth	10x10 Booth	10x10 Booth	10x10 Booth	10x10 Booth	6 Ft. Table
Presence on Alzheimer's Association Chapter Website	Logo with Link	Logo	Logo	Name Only	Name Only	Name Only	Name Only	

*Sponsorship commitment must be received prior to print production.

alzheimer's association®

Sponsorship Agreement

Yes, we will sponsor the **2020 Spring Symposium** at the following level. Please check one.

<input type="checkbox"/>	Presenting Sponsor	\$10,000
<input type="checkbox"/>	Morning Plenary Sponsor	\$4,500
<input type="checkbox"/>	Afternoon Plenary Sponsor	\$4,500
<input type="checkbox"/>	Caregiver Track Sponsor (Early Stage)	\$3,750
<input type="checkbox"/>	Caregiver Track Sponsor (Mid-Late Stage)	\$3,750
<input type="checkbox"/>	Professional (CE) Track Sponsor	\$3,750
<input type="checkbox"/>	Clinician (CME) Track Sponsor	\$3,750
<input type="checkbox"/>	Exhibitor Table	\$500

Contact Name: _____ Signature: _____

Company Name: _____ Phone: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Your name or company name exactly as you would like it to appear in print: (please limit to 45 characters)

Method of Payment (check one): _____ Check Included _____ Credit Card (below)
(No invoice will be sent. Please pay from this commitment form.)

Credit Card: _____ VISA _____ MasterCard _____ AMEX _____ Discover _____

Name As It Appears On Card: _____ Signature: _____

Credit Card Number: _____ Expiration Date: _____

Payment due by Friday, March 6, 2020.

Please return to: Shelly Young
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