**2014 Professional Conference Sponsor** $1,000

* *Exclusive sponsorship*
* Company name & logo listed on conference signage
* Company name & logo displayed in general session and at registration area
* 1 free education program; to be scheduled on a mutually agreeable date within 1 year
* Additional benefits include all those listed under Opening/Closing Session Sponsor

**2014 Opening/Closing Session Sponsor** *(1 sponsorship available)* $750

* 1 exhibitor table
* Company name and logo listed in program
* Acknowledgement of company sponsorship at the opening & closing of the conference
* Acknowledgement in our spring 2014 E-Newsletter

**2014 Breakfast Sponsor** *(1 sponsorship available)*  $500

* 1 exhibitor table
* Company name in program
* Acknowledgement of company sponsorship before breakfast & breaks
* Acknowledgement in our spring 2014 E-Newsletter

**2014 Lunch Sponsor**  *( 2 sponsorship available)* $500

* 1 exhibitor table
* Company name in program
* Acknowledgement of company sponsorship before lunch & breaks
* Acknowledgement in our spring 2014 E-Newsletter

**2014 CEU Sponsor** *(3 sponsorships available)*  $350

* Company name on sign in room of session
* Additional benefits include all those listed under Session Sponsor

**2014 Session Sponsor** *(4 sponsorships available)* $250

* 1 exhibitor table
* Company name in program
* Acknowledgement of company before session

**2014 Exhibit Sponsor** *(10 sponsorships available)* $150

* 1 exhibitor table
* Conference name in program

**YES, I would like to SPONSOR the 2014 Beaumont Dementia Conference!**

Company Name

Contact Person

Address

City State Zip

Phone

Email

**Sponsorship opportunities at the 2014 Beaumont Dementia Conference**

**2014 CEU Sponsor** $350

**2014 Session Sponsor** $250

**2014 Exhibit Sponsor** $150

**2014 Conference Sponsor** $1,000

**2014 Opening/Closing Sponsor** $750

**2014 Breakfast** $500

**2014 Lunch** $500

Method of Payment:

Enclosed is my check payable to the Alzheimer’s Association

Check must be received by March 14, 2014 Signature \_\_\_\_\_\_\_

Please charge my  VISA  MASTERCARD  DISCOVER  AMEX

Name on card

Card Number Exp. Date

Signature

**We must receive a completed sponsorship form & payment by March 14, 2014**

Return completed form and payment to:

Alzheimer’s Association Houston & Southeast Texas Chapter

700 North Street, Suite M, Beaumont, TX 77701

Phone 409-833-1613 Fax 409-833-9758 Email to: curban@alz.org

*The Alzheimer’s Association is a 501(c)(3) non-profit organization (Tax ID# 74-2198685)*