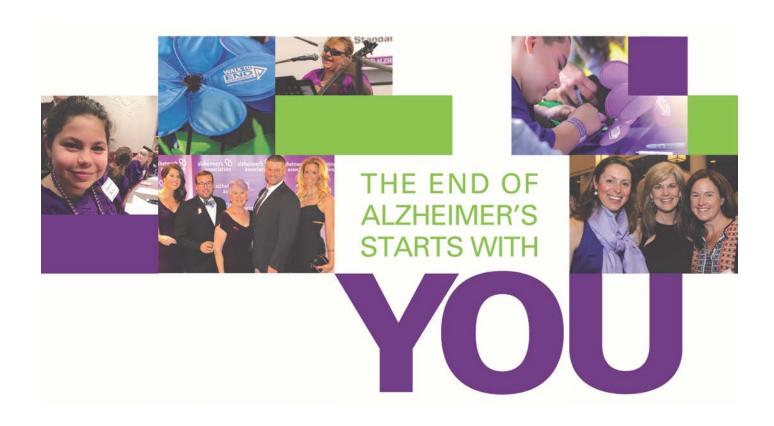


2018 Sponsorship Packet





2018 Sponsorship Packet

BENEFITS	presenting \$20,000 Exclusive	patron \$10,000	platinum \$5,000	lanyard \$3,000 Exclusive	exhibitor \$1500
	Exclosive			Exclosive	

Pre-event					
Sponsor logo on conference registration brochure	☑ Logo deadline January 2, 2018	☑ Logo deadline January 2, 2018	☑ Logo deadline January 2, 2018		
Event Day					
Recognition in chapter e-newsletter (13,000+ contacts)	Ø	Ø	V	Ø	
Logo displayed during conference on venue reader board and in guests hotel room	Ø				
Sponsor logo on CT Chapter event website with link to sponsor website	Ø	Ø			
Welcoming remarks to conference attendees at opening session	V				
Sponsor banner (supplied by sponsor)displayed at conference	Ø	Ø			
Exhibit table space at conference	✓ Two 6' tables in exclusive pre- function area	☑ 1st choice one 6' table in exhibitor area	☑ One 6' table in exhibitor area		
Sponsor recognition on sponsor boards	Ø	Ø	Ø		
Ad in conference program book	☑ Back Outside Cover Full Page Color	☑ Front Inside Cover Full Page Color	☑ Full Page Black & White	☑ Quarter Page 3.75" x 5" Black & White	☑ Quarter Page 3.75" x 5" Black & White
Complimentary lunch and registration	reserved ballroom table + 10 registrants	☑ 5 registrants	☑ 4 registrants	☑ 3 registrants	☑ 2 registrants
Items included in conference bag	Ø	V	Ø		
Post Event					
Recognition in chapter e-newsletter (13,000+ contacts)	Ø	Ø	Ø		
Advertising Opportunities					
Ad in conference program \booklet	Full Page \$1000	Half Page \$500	Quarter Page AD \$250	Business Card \$100	
	7.25" x 10" Black & White	7.25" x 5" Black & White	3.75" x 5" Black & White	3.75" x 5" Black & White	



2018 Sponsorship Packet

Please fill out the following form to confirm your chosen sponsorship package. Completed forms can be returned via email or faxed to Alzheimer's Association Connecticut Chapter, **Attn: Mia Logic, Strategic Operations Manager at** ctsponsorship@alz.org or fax: 860-571-8613.

CONTACT	INFORMATION:				
Company Name Contact email address			Accounts Payable Contact Person and Title		
			Contact Phone Number		
Address			City/State/Zip Code		
\$20,000 \$10,000 \$5,000 \$3,000	SHIP OPPORTUNITIES: O Presenting (exclusive) O Patron Platinum Lanyard (exclusive) Exhibitor Table		PAYMENT INFORMATION: Please email me an invoice to the email address provided above. I have enclosed a check made payable to: Alzheimer's Association. Please charge my credit card (Card Type: Visa / MC / AMEX).		
Card Number	Pr		Name on Card		
Expiration	Sec Code	_ Billing Address			
PROGRAM	I BOOK ADVERTISING OPP	ORTUNITIES:			
\$ 500 \$ 250	Full Page Ad (7.25" X 10") Half Page Ad (7.25" X 5") Quarter Page Ad (3.75" X 5") Business Card Ad (4" X 2.5")				
	Note: All exhibitors and spo you by ctsponsorhsip@alz.		ired to complete the Commercial Support Interest Form that will		
	's Association Connecticut (tive Blvd., Suite 4B, Southin		9		

Questions? Call 860.828.2828