

# SPONSORSHIP APPLICATION

## Contact Information

SPONSOR NAME AS IT SHOULD APPEAR ON ALL MATERIALS

NAME

SIGNATURE

COMPANY NAME (IF APPLICABLE)

PHONE

E-MAIL ADDRESS

BILLING ADDRESS

CITY

STATE

ZIP

PLEASE INDICATE IF THE CHECK WILL BE COMING FROM A COMPANY WITH A NAME DIFFERENT THAN THE ORGANIZATION LISTED ABOVE



## Method of Payment

ENCLOSED IS MY SPONSORSHIP CHECK IN THE AMOUNT OF \$ \_\_\_\_\_  
*\*\*Please make checks payable to the Alzheimer's Association.*

CHARGE MY CREDIT CARD (PLEASE PRINT CLEARLY)

CARD TYPE:  VISA  DISCOVER  AMEX  MASTERCARD

NAME & ADDRESS IF DIFFERENT FROM ABOVE

CARD NUMBER

EXPIRATION DATE

CCV CODE

SIGNATURE

DATE

PLEASE SEND INVOICE TO: \_\_\_\_\_



## Partner Level

PLATINUM PARTNERSHIP  
\$3,000

GOLD PARTNERSHIP  
\$2,500

SILVER PARTNERSHIP  
\$1,5000

BRONZE PARTNERSHIP  
\$1,000

LUNCH SPONSOR  
\$1,000

BREAKFAST SPONSOR  
\$1,000

RESOURCE VENDOR TABLE  
\$650

## CAREGIVERS AND PROFESSIONALS

# RESEARCH SYMPOSIUM

FRIDAY, NOVEMBER 3, 2023

PLEASE RETURN  
THIS FORM TO:

### Alzheimer's Association Illinois Chapter

Attn: Olivia Matongo  
2200 Cabot Dr., Suite 460  
Lisle, IL 60532

**FEDERAL TAX ID:** 13-3039601

**EMAIL:** [omatongo@alz.org](mailto:omatongo@alz.org)

**PHONE:** 847.957.1057



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