





Dementia Caregiver Conference

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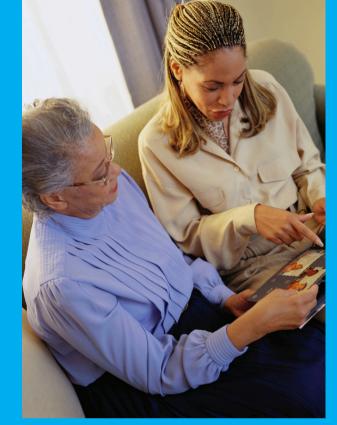
FRIDAY, MAY 16, 2025

SPONSORSHIP OPPORTUNITIES



Friday, May 16, 2024 9:00 am - 3:30 pm

Register Today at: DementiaNC.org/Brunswick2025



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May

at Town of Maxassa Community Center

AGENDA

9:00 - 10:00 Attendees Check in and Visit Exhibitors & Sponsors 10:00 Welcome 10:15 - 12:00 Sessions (includes a 15 min break) 12:00 - 12:45 Lunch (provided) and Visit Exhibitors & Sponsors 12:45 - 3:00 Sessions (includes a 15 min break) 3:00 - 3:30 Closing and Table Breakdown

DANC REACH: f 3,673 followers

781 followers

687 subscribers

9,367 subscribers



In partnership with Brunswick Senior Resources, Inc. and Cape Fear Area Agency on Aging

SPONSORSHIP OPPORTUNITIES

The deadline for becoming a sponsor or exhibitor is Friday, May 9, 2025

BENEFITS	Gold \$250	Silver \$100	FP-Exhibitor \$50	NP-Exhibitor \$30
Opportunity to Address Audience	\checkmark			
Mention in DANC Newsletter & Social Media	\checkmark			
Verbal Thank You During Event	\checkmark	√		
Logo on Conference Website	Linked logo	Linked logo		
Additional Professional Reg. Tix (w/ CEUs)	4	2		
Company Name on Thank You Page	√	√	√	\checkmark
Exhibit Table for 2 Representatives	\checkmark	V	\checkmark	\checkmark



A STATE OF CARING

LOGO SUBMISSION INSTRUCTIONS:

* Please submit a high-resolution 300 dpi logo in .EPS or .JPG format to Addie Piper at apiper@DementiaNC.org by 5/9/25. Inclusion of logo is dependent on sponsor submission by printing deadlines.

Please register online at <u>www.DementiaNC.org/Brunswick2025</u> or mail or email completed form to:

Dementia Alliance of North Carolina 9131 Anson Way Suite 206 Raleigh, NC 27615

For more information please call 919.832.3732

Yes, we'll be there!

Gold \$250
Silver \$100
For-Profit \$50
Non-Profit Exhibitor \$30

The deadline for becoming a sponsor is Friday, May 9, 2025

Sponsor/Company Name

(list exactly as should appear in promotional materials):

Mailing Address (including city, state & zip):

Contact Person:

Name: Mr. Ms. Mrs. Dr. _____

Title: _____

Email: _____

Phone:_____

Name of Person(s) Attending Event







Payment Info:

Register your sponsorship & pay by CC at <u>www.DementiaNC.org/Brunswick2025</u>

Please make checks payable to: Dementia Alliance of North Carolina & note Brunswick 2025

____Full payment Enclosed ____ Please Send Invoice

Total Sponsorship Contribution \$_____

Please mail or email completed form and payment to Addie Piper Programs Assistant APiper@DementiaNC.org

Dementia Alliance of North Carolina 9131 Anson Way, Suite 206 Raleigh, NC 27615

Preferred Method of Registration www.DementiaNC.org/Brunswick2025

For Questions or more information (919) 832 - 3732 or email Addie Piper apiper@dementianc.org