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Dear Community Member,

Alzheimer's Services is a local nonprofit organization dedicated to providing education and support services to those affected by Alzheimer's. Our mission is to teach, care for and connect with those in the community with Alzheimer's or other memory-related impairments. With over 20,000 individuals impacted by the disease in Baton Rouge and the nine surrounding parishes, the organization works diligently to increase access to programs and services that address direct needs such as educational programs, support groups, and respite services.

One of our most successful programs is the Annual Education Conference. The next conference will be held on Wednesday, January 29, 2025 from 7:00 am to 5:00 pm at the Crowne Plaza Executive Center located at 4728 Constitution Avenue in Baton Rouge. We will host Natali Edmonds, PsyD, ABPP; Savanna Latimer, RDN, LDN; and Jan M. Hondzinski, Ph.D. We have been hosting this conference for 30 years, and we are very excited to welcome attendees for education on topics like Physical Activity and Neurodegeneration, Implementing A Health Brain Diet, and Healthy Habits for Dementia Caregivers.

The standard attendance for the conference ranges from 300-350 family caregivers and healthcare professionals (registered nurses, social workers, speech and occupational therapists, counselors, physical therapists, nursing facility administrators, and audiologists). However, the conference is open to all who are eager to better understand risk reduction and provide care for individuals with Alzheimer's and other memory impairments.

We invite you to participate in the conference as an attendee, a sponsor and/or an exhibitor. We seek to provide a wide array of community services to those caregivers and professionals attending. We ask you to join us in this effort through our Sponsor Program and Exhibitor Show. The attached packet contains event details for Sponsors and Exhibitors. You may also visit our website at [www.alzbr.org](http://www.alzbr.org) for information about the conference, our other educational programs, support services, and our award-winning activity and respite programs at Charlie's Place in Baton Rouge and Gonzales.

Please contact me with any questions and for more information. We look forward to hearing from you soon and working with you to support those affected and their families.

Sincerely,  
Brook Kitto  
Programs Coordinator  
[Programs3@alzbr.org](mailto:Programs3@alzbr.org) Phone: 225-334-7494 Fax: 225-387-3664

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Alzheimer's Services of the Capital Area is proudly accredited by the **Standards for Excellence Institute** as having met all the requirements of the *Standards for Excellence: An Ethics and Accountability Code for the Nonprofit Sector*.



# 01.29.25

8:00 AM - 4:30 PM

CROWNE PLAZA

4728 Constitution Ave.  
Baton Rouge

Alzheimer's®  
SERVICES  
of the Capital Area



30th Annual

Education  
Conference

## KEYNOTE SPEAKER

**Natali Edmonds, PsyD, ABBP**

Founder, Dementia Careblazers  
[www.careblazers.com](http://www.careblazers.com)



## OTHER SPEAKERS



Jan Hondzinski, Ph.D.  
Dept. of Kinesiology, LSU



Savanna Latimer, RD, LDN  
Eat Fit BR Registered Dietitian

**More Information/  
Register Online**

**Visit [alzbr.org](http://alzbr.org)  
or scan**

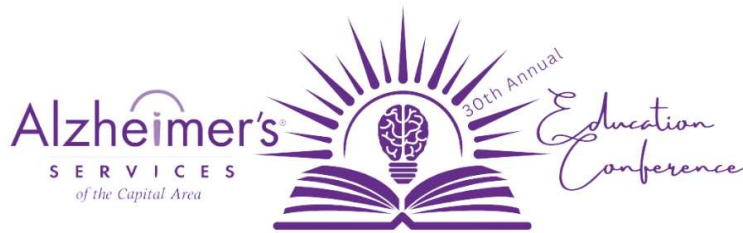


Contact Brook at [programs3@alzbr.org](mailto:programs3@alzbr.org) or 225-334-7494 for assistance.

## CORPORATE PARTNERS

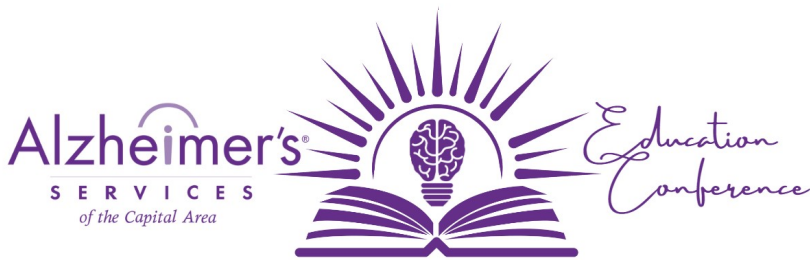


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Robinson Brothers Ford & Lincoln • MMR, Inc. • St. James Place  
KPMG • REV • Baton Rouge Coca-Cola Bottling Co.  
Dignity Memorial-Central, Greenoaks, Ourso's & Rabenhorst



## 2025 Education Conference Agenda

7:00 AM – 7:30 AM	Exhibit Room Set Up
7:30 AM – 8:30 AM	Registration/Breakfast/Exhibits Open
8:30 AM - 8:45 AM	INTRODUCTION
8:45 AM—9:45 AM	Physical Activity and Neurodegeneration, Dr. Jan Hondzinski
9:45 AM – 10:00 AM	In-Room Stretch with April Hill with YogaStudio90 & Snack Break
10:00 AM - 10:15 AM	INTRODUCTION
10:15 AM—11:15 AM	Implementing A Healthy Brain Diet, Savanna Latimer, RDN, LDN, Ochsner Eat Fit
11:15AM—12:00 PM	LUNCH/Exhibits Open
12:00 PM – 12:15 PM	INTRODUCTION
12:15 PM – 2:15 PM	Healthy Habits for Dementia Caregivers: Promoting Wellness and Reducing Risk Pt 1, Dr. Natali Edmonds
2:15 PM – 2:30 PM	Break/Exhibits Open
2:30 PM – 4:30 PM	Healthy Habits for Dementia Caregivers: Promoting Wellness and Reducing Risk Pt 2, Dr. Natali Edmonds
4:30PM – 4:45 PM	Conclusion and Evaluation
4:30 PM	Exhibits may be dismantled as early as 4:30 PM
5:00 PM	Exhibits must be dismantled by 5:00 PM



JANUARY 29, 2025  
8:00 AM - 4:30 PM  
CROWNE PLAZA EXECUTIVE CENTER

## SPONSOR/EXHIBITOR COMMITMENT FORM

To become a sponsor or vendor, please submit this form along with payment to:  
Alzheimer's Services of the Capital Area, 3772 North Blvd., Baton Rouge, LA, 70806  
email to Brook at [programs3@alzbr.org](mailto:programs3@alzbr.org) or fax to (225) 387-3664  
For more information, contact Brook at [programs3@alzbr.org](mailto:programs3@alzbr.org) or (225) 334-7494

**Deadline for Sponsorships is November 11, 2024**

**Deadline for Exhibitor is December 2, 2024**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

Description of Organization/Company Services: \_\_\_\_\_

Description of Exhibit Content (please place ✓ by each one):

\_\_\_\_\_ Brochures    \_\_\_\_\_ Coupons    \_\_\_\_\_ Demonstrations    \_\_\_\_\_ Door Prize (s)

**Gold Sponsors** receive free admittance for **2** attendees.

Each sponsor will receive a registration code for their 2 free registrations upon confirmation of sponsorship.

**SPONSORSHIP/EXHIBITOR FEES** (please ✓ appropriate box below):

**Gold Sponsor — \$2000**

**Exhibitor (Exhibit only) — \$250**

### METHOD OF PAYMENT:

\*\*\*Credit Card\*\*\*     MasterCard     VISA     American Express     Discover

Credit Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security # (back of card): \_\_\_\_\_

Name that Appears on Card: \_\_\_\_\_

Billing Address if different from above: \_\_\_\_\_

\*\*\*Check\*\*\*     (Make check payable to Alzheimer's Services of the Capital Area)

\_\_\_\_\_  
Name (Director or Manager giving approval)

\_\_\_\_\_  
Title