



**February 25, 2026**  
**8:00 AM - 4:30 PM**  
The Retreat at Quarters Lake  
8890 Quarters Lake Rd, Baton Rouge, LA 70809

## **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 Sponsorship & Exhibitors is January 8, 2026**

Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Description of Organization/Company Services: \_\_\_\_\_

**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

*No refunds will be issued for cancellation or no-show at conference.*