



## 2026 ALZ ARK Caregiver Workshop

These workshops are designed to provide relevant information and resources to caregivers.

<input type="checkbox"/> Little Rock—City Center	May 1, 2026
<input type="checkbox"/> River Valley – Arkansas Tech University	June 26, 2026
<input type="checkbox"/> Hot Springs- National Park College	July 16, 2026
<input type="checkbox"/> Conway- First United Methodist Church	August 6, 2026

Sponsorships	Education	Event/Marketing Recognition	Speaking
<input type="checkbox"/> \$2,000 <b>Exclusive Presenting Sponsor</b>	<b>2 hours of Dementia Education for your staff</b>	<b>Large Logo Special recognition on the website</b>	<b>Speaker at the event</b>
<input type="checkbox"/> \$1,000 <b>Lunch/snacks Sponsor</b>	<b>Dementia Friend Training for up to 25 staff members</b>	<b>Medium Logo</b>	<b>10-minute pitch at Lunch</b>
<input type="checkbox"/> \$500 <b>Caregiver Support Sponsor</b>	<b>Dementia Friend Training for up to 10 staff members</b>	<b>Small Logo</b>	<b>2–3-minute pitch during the event Time assigned</b>
<input type="checkbox"/> \$250 <b>Respite Sponsor</b>		<b>Name</b>	<b>Business announced— You help provide Respite grants to attendees.</b>
<input type="checkbox"/> \$125 <b>Education Vendor</b>			

- **Event/ Marketing Recognition- includes social media posts, signage, and event slides.**

**Sponsor/Vendor Application**

Name of Company/Organization: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Businesses that sponsor 3 or more events will get a 10% discount.

(All Vendors & Sponsors will receive lunch, a table, and two chairs.)

- We will need electricity (limited spaces)
- Please plan to bring a door prize valued at around \$25 that we may give away to our caregivers.

**PAYMENT METHOD: (please check)**

- My check is enclosed (Make check payable to Alzheimer's Arkansas).
- Please invoice me.
- Scan QR Code- Pick your town

I agree to sponsor the Alz Ark Caregiver Workshop as indicated above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Please mail, fax or email the form to the office:  
ALZHEIMER'S ARKANSAS • 201 MARKHAM CENTER DRIVE • LITTLE ROCK, AR 72205  
EMAIL: [info@alzark.org](mailto:info@alzark.org) • PHONE: 501-224-0021 • FAX: 501-227-6303 • WEB SITE: alzARK.ORG