DEMENTIA: CARING TOGETHER 39th Annual Conference

Friday, October 10, 2025
Four Points Sheraton Conference Center
Bellingham, WA

BECOME A SPONSOR

DEMENTIA SUPPORT Northwest

Partnership Level	Amount	Benefits		
Radio Sponsor / Vendor	\$2,500	 Limited to just 3 sponsors Mentioned in DSNW radio ads leading up to the conferen Vendor table premium placement inside the main conference room Includes 4 conference admissions and lunch for 4 staff Logo on the attendee welcome bag May include branded giveaway item or promo material in attendee welcome bag Name & logo included in conference brochure, promotional materials, event banner, website, and social media 		
Purple Sponsor / Vendor	\$1,500	 Limited to 8 sponsors Vendor table placement inside the main conference room Includes 2 conference admissions and lunch for 2 staff Logo on the attendee welcome bag May include branded giveaway item or promo material in attendee welcome bag Name & logo included in conference brochure promotional materials, event banner, website, and social media 		
Teal Sponsor / Vendor	\$1,000	 Vendor table in Terrace Room or Terrace Hallway One lunch included Logo on the attendee welcome bag Name and logo included in conference brochure promotional materials, event banner, website, and social media 		
Green Marketing Sponsor (table not included)	\$500	 Logo on the attendee welcome bag Name and logo included in conference brochure, promotional materials, event banner, website, and social media 		
Table Only Vendor Corporate Non-Profit	\$300 \$200	 Reserved table in the Terrace Room or Terrace Hallway Name included in conference brochure One lunch included 		

EVENT SPONSOR INFORMATION

Select Tier(s)									
	Radio Sponsor Vendor	Purple Sponsor Vendor	Teal Sponsor Vendor	Green Sponsor	Corporate Table	Non-Profit Table			
Dementia Support Northwest 39th Annual Conference									
To ensure that your organization's name will be included in marketing materials and									
the event program, please return this completed form and print-ready logo file to									
DSNW	by August 31s	t along with	selected for	m of paymer	nt.				
Compa	any Name:								
Conta	ct Name (if there	are any ques	tions)						
Mailin Addre	g ss:								
City: _			State:	Zip:					
Teleph Email:	one:								
Payme	ent Options (sele	ect one):							
	Check payable	Check payable to: Dementia Support Northwest Or hand-deliver to our office,							
	Mail with application to:	2950 Newma Bellingham, V		¹⁰ 1	Amy's Place: Bellis Fair Par Bellingham, WA n the Target w	kway #362 A 98226 ing of Bellis Fair Mall			
\bigcirc	Credit Card	Number:							
	Exp. Date:	CVV:	Maili	ng Zip Code:					
	Printed Name: _								
	Date:								
0	Pay Online by cr to th	edit, debit, or a	ACH. Our Ope Il listed above	erations Manag	ger will send a	n invoice			
Demen	tia Support North	nwest is a 501(c)(3) charitabl	e organizatior	١,,				
Tax ID 7	#91-1238368								

DEMENTIA SUPPORT Northwest

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