

# 1st ANNUAL Dementia Education CONFERENCE 2026



**caringkind**

**MONDAY, MARCH 30, 2026**

New York Academy of Medicine

8:00 AM – 5:00 PM

Connecting Care, Science, and Community

SPONSORSHIP OPPORTUNITIES						
	PRESENTING \$25,000	PLATINUM \$15,000	GOLD \$10,000	SILVER \$5,000	COFFEE BREAK \$3,500	EXHIBITOR \$1,000- \$2,000
✓ BENEFITS						
Sponsorship Focus	Lunch	Breakfast	Dessert	Digital Program	Coffee Break	
Lunch & Reg	10 free	10 free	5 free	3 free	2 free	2 free
Sponsorship recognition on sponsorship boards	Premier signage recognition	✓	✓	✓	✓	
Logo on Step & Repeat	✓	✓	✓			
Exhibit table space	Two 6' tables in premier location in exhibitor area	One 8' table in premier location in exhibitor area	One 6' table in exhibitor area	One 6' table in exhibitor area	One 6' table in exhibitor area	\$2,000 - One 6' table in exhibitor area OR \$1,000 half of an 8' table in exhibitor area
Recognition on event website	Logo with click through link to website	Logo with click through link to website	Logo with click through link to website	Logo with click through link to website	Company name only	Company name only
Advertisements	<ul style="list-style-type: none"> <li>• "Endorsed by" credit on Program Book Cover</li> <li>• Premium Full Page Print Ad in Program Book</li> <li>• Premium Digital Ad on Meeting App</li> </ul>	<ul style="list-style-type: none"> <li>• Premium Full Page Print Ad in Program Book</li> <li>• Premium Digital Ad on Meeting App</li> </ul>	<ul style="list-style-type: none"> <li>• Premium Full Page Print Ad in Program Book</li> <li>• Premium Digital Ad on Meeting App</li> </ul>	<ul style="list-style-type: none"> <li>• Half Page Print Ad in Program Book</li> <li>• Digital Ad on Meeting App</li> </ul>	<ul style="list-style-type: none"> <li>• Quarter Page Print Ad in Program Book</li> <li>• Digital Ad on Meeting App</li> </ul>	<ul style="list-style-type: none"> <li>• Company name Only in Program Book</li> <li>• Digital Ad on Meeting App</li> </ul>
Items included in Conference Bag	✓ plus: Name on bags	✓	✓	✓	✓	
Pre- and Post-conference recognition on website, social media & email blasts	✓	✓	✓	✓	✓	

For Sponsorship and Exhibitor inquiries, email Andrea Tallent Spivak at [aspivak@cknyc.org](mailto:aspivak@cknyc.org).

Visit [CKconference.org](http://CKconference.org) for Call for Proposals, Sponsorship Packages, and Registration Information

## Additional Sponsorship Opportunities

<b>Wifi Sponsor:</b> \$4,500	<b>Meeting Bags:</b> \$4,000 plus cost of bags  Large logo featured on bags	<b>Photobooth:</b> \$3,500	<b>Lanyards:</b> \$3,000 plus cost of lanyards	<b>Podcast:</b> \$3,000	<b>Electronics Charging Station:</b> \$2,500 plus cost of the charging station	<b>Meeting App Sponsor:</b> \$1,000
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## Single Advertisement Opportunities

<b>Print Advertisements in Conference Program</b>	<b>\$1,000</b> Full Page Ad-black & white 7.25"x10"	<b>\$500</b> Full Page Ad-black & white 7.25"x10"	<b>\$250</b> Half Page Ad-black & white Horizontal: 7.25"x5" Vertical: 3.75"x10"	<b>\$100</b> Quarter Page Ad-black & white 3.75"x 5"
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\*Deadline for ads and logos is February 16, 2026.

## CaringKind Conference Registration Fees - Registration Opening January 2026!

CATEGORY	Received by Feb 15, 2026	Received after Feb 15, 2026	NOTES
Professionals	\$175	\$195	
Family Care Partners – Registration covered by Halis lecture scholarship program**	\$125 Value <i>Fee covered by scholarship**</i>	\$125 Value <i>Fee covered by scholarship**</i>	** Scholarships available on first come first serve basis
People Living with Dementia (PLWD) – Registration covered by Halis lecture scholarship program**	\$125 Value <i>Fee covered by scholarship**</i>	\$125 Value <i>Fee covered by scholarship**</i>	** Scholarships available on first come first serve basis
Students	\$70	\$95	
Lead Presenter	Complimentary	Complimentary	

This activity is approved for AMA PRA Category 1 Credits™; nursing contact hours; psychologist contact hours; and social work clinical continuing education credits.

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## SPONSORSHIP FORM

*CaringKind is proud to further our mission of building an Alzheimer's community where no one walks alone by bringing together the full spectrum of voices—people living with dementia, care partners, clinicians, professionals and researchers—to learn from one another, challenge assumptions, inspire change, and shape the future of dementia care. Together, we're building a community where science meets empathy, and every experience becomes a catalyst for progress.*

**Please select your sponsorship level and provide your contact information below.**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>PRESENTING Sponsor \$25,000</b>            | <input type="checkbox"/> <b>WIFI Sponsor \$4,500</b>                         |
| <input type="checkbox"/> <b>PLATINUM Sponsor \$15,000</b>              | <input type="checkbox"/> <b>MEETING BAGS Sponsor \$4,000</b>                 |
| <input type="checkbox"/> <b>GOLD Sponsor \$10,000</b>                  | <input type="checkbox"/> <b>PHOTOBOOTH Sponsor \$3,500</b>                   |
| <input type="checkbox"/> <b>SILVER Sponsor \$5,000</b>                 | <input type="checkbox"/> <b>LANYARDS Sponsor \$3,000</b>                     |
| <input type="checkbox"/> <b>COFFEE BREAK Sponsor \$3,500</b>           | <input type="checkbox"/> <b>PODCAST Sponsor \$3,000</b>                      |
| <input type="checkbox"/> <b>EXHIBITOR Sponsor - Full Table \$2,000</b> | <input type="checkbox"/> <b>ELECTRONICS CHARGING STATION Sponsor \$2,500</b> |
| <input type="checkbox"/> <b>EXHIBITOR Sponsor - Half Table \$1,000</b> | <input type="checkbox"/> <b>MEETING APP Sponsor \$1,000</b>                  |

### CONTRIBUTION

- ☐ **I/We cannot attend but wish to make a fully tax-deductible contribution: \$** \_\_\_\_\_

*Please inquire for print deadlines.*

Name of Donor (Individual or Company) as it should appear in listings:

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

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

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

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

E-Mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

### PAYMENT OPTIONS:

Credit Card Type: \_\_\_\_\_ Credit Card#: \_\_\_\_\_ CVV: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

For payment via check, please make checks payable to: CaringKind

Mail to: 360 Lexington Avenue, 3rd Floor, New York, NY 10017

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