



2018 NEBRASKA BRAIN INJURY CONFERENCE

SPONSORSHIP OPPORTUNITIES

WHO **WHAT** **WHERE** **WHEN**
BIA-NE Conference Younes Conference Center, Kearney March 22 & 23, 2018

WHY – To provide cutting edge information about brain injury treatment, services, research, and advocacy; while providing those in attendance an opportunity to network with others on a professional and personal level. Anticipated Audience: 250+

Sponsorship Levels

- **\$5,000 Community Classroom Sponsorship**
Benefits: Name & logo on signage / promotional materials before and during the event, sponsorship acknowledgement on all social media and website, quote in the press release and five complimentary registrations. One complimentary vendor table; complete with an opportunity to tell attendees about your organization.
- **\$2,500 Teachable Moments Sponsorship**
Name & logo on signage during event, sponsorship acknowledgement on social media and website, mention in the press release, and three complimentary registrations. One complimentary vendor table; complete with an opportunity to tell attendees about your organization
- **\$1,000 Can Do! Sponsorship**
Name & logo on signage during event, sponsorship acknowledgement on social media and website and two complimentary registrations. One complimentary vendor table; complete with an opportunity to tell attendees about your organization.
- **\$ 325 Vendor Table Only**
Includes a table and two chairs in the exhibitor area on Day 1 of the event, 30 second vendor blitz opportunity, and one complimentary registration to the conference. (Contact Hours available upon request.)

Please complete the following to confirm your sponsorship level. Return the form to Cindy Evert Christ at cindy@biane.org or mail to PO Box 22147, Lincoln, NE 68542. Learn more about Brain Injury Alliance of Nebraska at www.biane.org.

PAYMENT/CONTACT INFORMATION:

Company Name _____ Contact Person _____

() _____

Contact E-mail Address _____ Contact Phone Number _____

Address _____ City/State/Zip Code _____

Sponsorship Amount | Please Circle: \$5,000 \$2,500 \$1,000 \$299

Please invoice me.

I have enclosed a check made payable to Brain Injury Alliance of Nebraska.

Please charge my credit card. **Card Type:** (please select one) **Visa / MC / AmEx / Discover**

Card Number _____ Expiration Date _____ Security Code _____ Billing Zip Code _____

Signature _____ Date _____

_____ We are unable to serve as a sponsor or vendor in 2018. Please accept a donation of \$_____ to help support BIA-NE.