



Professional Symposium & Annual Conference
Sponsorship & Exhibitor Commitment Form

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What level of Sponsorship would you like to commit to?

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How would you like your name to appear on printed materials?

Please send a high resolution logo to Eileen Reardon at ereardon@bianys.org in either .jpg or .png format.

Exhibitor's Participating Conference Representatives:

Name _____ Name _____
Email _____ Email _____

Exhibitor's Location Preference (first come, first served):

Ballroom Lobby Hallway

Payment Information:

___ I'm paying by check. Enclosed is a check in the amount of \$ _____
___ I will pay by credit card over the phone (518-459-7911).

Please return this form to Eileen Reardon, Executive Director, at ereardon@bianys.org.

A copy of the latest BIANYS Annual Report and Financial Statements may be obtained upon request from the Brain Injury Association of New York State or the New York State Office of the Attorney General's Charities Bureau at 120 Broadway, 3rd Floor, New York, NY 10271.