MAKING NEW CONNECTIONS FOLLOWING BRAIN INJURY

Thursday, May 18, 2017
Pozycki Hall
Monmouth University
West Long Branch, NJ

Keynote Speaker: Kristen Dams-O’Connor, PhD
Director of Brain Injury Research Center at Mount Sinai
Health & Neurodegeneration: A Continuum of Aging

PARTNERSHIP GUIDE

New Jersey’s Premier Seminar for Professionals
Occupational Therapists · Cognitive Rehabilitation Therapists
Case Managers · Neuropsychologists · Social Workers
Behavioral Healthcare Specialists · Rehabilitation Counselors
Vocational Counselors · Nurses · School Professionals
Physical Therapists · Speech Language Pathologists
The Alliance would like to thank our Corporate Circle Partners for their generosity that sustains our programs. All Corporate Circle Partners are listed in the Seminar Program. To learn more about the benefits of Corporate Circle, contact Wendy Berk at 732-745-0200 or wberk@bianj.org.

**Platinum**

Teaneck & Edison, NJ | dsslaw.com

**Diamond**

Springfield, NJ | lawgordon.com

Fair Lawn, NJ | rehab-specialists.com

Edison, NJ | jfkmc.org

**Gold**

Haddonfield, NJ | bancroft.org

West Orange, NJ | kessler-rehab.com

Livingston, NJ | uirehab.com

**Silver**

Lawrenceville, NJ | slrc.org

Marlton, NJ | weismanchildrens.com

**Bronze**

Allaire Health Care Group
Freehold, NJ | allairehc.com

Beechwood Rehabilitation Services
Langhorne, PA | beechwoodrehab.org

Center for Neurological and Neurobehavioral Health
Voorhees, NJ | cnnh.org

Community Skills Program
Marlton, NJ | communityskillsprogram.com
**Exhibit**

Exhibit Fee $650*

Electricity $25

*The exhibit fee includes two full seminar registrations for two exhibitors

*Includes 6 ft. skirted table

**Sponsor**

**Seminar Sponsor $20,000**
- Naming rights on all materials and advertising
- Premier exhibit space and 8 registrations for the seminar
- Full page ad in seminar program (choice of placement)
- Opportunity to participate in opening remarks
- Acknowledgment in welcome remarks
- Logo and link on event webpage
- Complimentary exhibit space at Family Conference (October 14, 2017)

**Luncheon Sponsor $2,500**
- Premier exhibit space and 2 registrations for the seminar
- Full page ad in the seminar program
- Signage at lunch buffet
- Acknowledgment in welcome remarks
- Logo on event webpage

**Breakfast Sponsor $1,500**
- Exhibit space and 2 registrations for the seminar
- Half page ad in the seminar program
- Signage at breakfast buffet
- Acknowledgment in welcome remarks
- Listing on event webpage

**Keynote Sponsor $5,000**
- Premier exhibit space and 4 registrations for the seminar
- Full page ad in the seminar program
- Opportunity to introduce keynote speaker
- Acknowledgment in welcome remarks
- Logo and link on event webpage
- Complimentary exhibit space at Family Conference (October 14, 2017)

**Afternoon Break Sponsor $750**
- 1 registration for the seminar
- Signage at the afternoon snack/break
- Acknowledgment in welcome remarks
- Acknowledgment in seminar program
- Listing on event webpage

All sponsors are recognized with signage at the seminar.

**Advertise**

Full Page Back Cover $1000

Full Page Inside Front Cover $750

Full Page Inside Back Cover $750

Full Page: 7”x 9 1/2” $500

Half Page: 7”x 4 1/2” $250

Please email your 300 dpi JPEG or PDF ad to the attention of Joanna Boyd, jboyd@bianj.org by April 28, 2017

**Promotion Reach**

300 attendees 1,000 mailing distribution 7,500 eblast recipients 20,000 social media reach 250,000 visitors to bianj.org websites

Brain Injury Alliance of New Jersey | 825 Georges Road | North Brunswick, NJ 08902 | 732-745-0200
EXHIBITOR REGISTRATION FORM

Name of Company Exhibiting: ____________________________________________________________

Exhibitor 1 Name: ___________________________________________________________ Title: ____________
Address: __________________________________________________________________________________
City: ___________________________ State: _______________ Zip: _______ Phone: __________________
Email Address: __________________________________________________________________________________

Please choose one presentation per session that you would like to attend.

**Morning (10:45am - 12:00pm)**
- [ ] Home & Community Based Treatment (1)
- [ ] Vestibular Rehabilitation (2)
- [ ] Behavioral Challenges (3)
- [ ] Autonomic Dysfunction (4)

**Afternoon 1 (1:15 pm- 2:30pm)**
- [ ] Managed Long-Term Services and Supports (5)
- [ ] Research Panel (6)
- [ ] BI in the Corrections System (7)
- [ ] Relationships and Sexuality (8)

**Afternoon 2 (2:45pm - 4:00pm)**
- [ ] Re-Integrating Vision, Speech, Hearing and Balance (9)
- [ ] Experience of Professionals (10)
- [ ] Communication Strategies (11)
- [ ] Brain Injury and Addiction (12)

**Continuing Education Units (CEUs)** Please note there is a flat rate of $15.00 for CEUs Processing. Check with your employer about payment responsibility.
- [ ] American Speech Language Hearing Association (ASHA)
- [ ] Commission for Case Manager Certification (CCM)
- [ ] Certification of Disability Management Specialist (CDM)
- [ ] NJ State Nurses Association (NJSNA)
- [ ] American Occupational Therapy Association (AOTA)
- [ ] Natl. Assoc. of Social Workers (NASW)
- [ ] Certified Rehabilitation Counselor (CRC)
- [ ] NJ State Board of Physical Therapy Examiners
- [ ] American Psychological Association (APA)

Exhibitor 2 Name: ___________________________________________________________ Title: ____________
Address: __________________________________________________________________________________
City: ___________________________ State: _______________ Zip: _______ Phone: __________________
Email Address: __________________________________________________________________________________

Please choose one presentation per session that you would like to attend.

**Morning (10:45am - 12:00pm)**
- [ ] Home & Community Based Treatment (1)
- [ ] Vestibular Rehabilitation (2)
- [ ] Behavioral Challenges (3)
- [ ] Autonomic Dysfunction (4)

**Afternoon 1 (1:15 pm- 2:30pm)**
- [ ] Managed Long-Term Services and Supports (5)
- [ ] Research Panel (6)
- [ ] BI in the Corrections System (7)
- [ ] Relationships and Sexuality (8)

**Afternoon 2 (2:45pm - 4:00pm)**
- [ ] Re-Integrating Vision, Speech, Hearing and Balance (9)
- [ ] Experience of Professionals (10)
- [ ] Communication Strategies (11)
- [ ] Brain Injury and Addiction (12)

**Continuing Education Units (CEUs)** Please note there is a flat rate of $15.00 for CEUs Processing. Check with your employer about payment responsibility.
- [ ] American Speech Language Hearing Association (ASHA)
- [ ] Commission for Case Manager Certification (CCM)
- [ ] Certification of Disability Management Specialist (CDM)
- [ ] NJ State Nurses Association (NJSNA)
- [ ] American Occupational Therapy Association (AOTA)
- [ ] Natl. Assoc. of Social Workers (NASW)
- [ ] Certified Rehabilitation Counselor (CRC)
- [ ] NJ State Board of Physical Therapy Examiners
- [ ] American Psychological Association (APA)

Exhibitors can set up after 7:00 PM on Wednesday, May 17th, or from 7:00 AM to 7:30 AM on Thursday, May 18th.
Attendee registration opens May 18th at 7:30 AM. Questions about exhibiting, sponsorship and advertising can be directed to jboyd@bianj.org

Brain Injury Alliance of New Jersey | 825 Georges Road, North Brunswick, NJ 08902 | 732-745-0200 | www.bianj.org
Complete this form and mail it along with payment to the Brain Injury Alliance of New Jersey

<table>
<thead>
<tr>
<th>Exhibit</th>
<th>Advertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>The exhibit fee allows for two exhibitors to attend the seminar</td>
<td>Full Page Back Cover $1000 □</td>
</tr>
<tr>
<td>Exhibit Fee: $650 □</td>
<td>Full Page Inside Front Cover $750 □</td>
</tr>
<tr>
<td>Electricity: $25 □</td>
<td>Full Page Inside Back Cover $750 □</td>
</tr>
<tr>
<td>* Fee includes 6 ft skirted table</td>
<td>Full Page 7” x 9 1/2” $500 □</td>
</tr>
<tr>
<td></td>
<td>Half Page 7” x 4 1/2” $250 □</td>
</tr>
</tbody>
</table>

* Fee includes 6 ft skirted table

Exhibit Fee: $650 □          Electricity: $25 □

Full Page 7” x 9 1/2” $500 □   Half Page 7” x 4 1/2” $250 □

Sponsor

| Seminar Sponsor $20,000 □      | Breakfast Sponsor $1,500 □    |
| Keynote Sponsor $5,000 □       | Afternoon Break Sponsor $750 □ |
| Luncheon Sponsor $2,500 □      |                                |

Sponsors are recognized with appropriate signage and are listed in the program.

All ads, exhibitor registrations, and sponsorships must be submitted by April 28, 2017.

Company Name*: ________________________________

Phone*: ________________________________

Email*: ________________________________

Exhibitor One (name, title, number) : ________________________________

Exhibitor Two (name, title, number) : ________________________________

*This section should be filled out with your organization’s preferred contact information as it will appear in Seminar Program.

Example: Brain Injury Alliance of New Jersey, 732-745-0200, info@bianj.org

Total Due: $___________________________

☐ Check enclosed  ☐ $500 deposit enclosed OR

☐ Card Payment

Card #: ____________________________________________

Exp. Date: _________________________________________

Signature: _________________________________________

Questions? Contact Joanna Boyd at 732-745-0200 or jboyd@bianj.org

Registration and payment forms should be mailed to our mailing address or faxed to 732-745-0211.

Brain Injury Alliance of New Jersey | 825 Georges Road, North Brunswick, NJ 08902 | 732-745-0200 | www.bianj.org