



**Brain Injury
Alliance**

NEW JERSEY

2019 ANNUAL PROFESSIONAL SEMINAR

MOVING FORWARD IN BRAIN INJURY: EVIDENCE IN ACTION

Tuesday, May 14, 2019 | Pines Manor | 2085 Route 27 | Edison, NJ 08817



Keynote Speaker: Daniel Perl, MD

Director, Center for Neuroscience and Regenerative Medicine
Neuropathology Care, Uniformed Services University of Health Sciences

*The Long-Term Effects of Military TBI:
Is it Like Playing NFL Football, or is it Something Else?*

PARTNERSHIP GUIDE

*Occupational Therapists · Cognitive Rehabilitation Therapists · Case Managers · Neuropsychologists
Social Workers · Behavioral Healthcare Specialists · Rehabilitation Counselors · Vocational Counselors ·
Nurses · Physical Therapists · Psychologists · Speech Language Pathologists*



Hackensack
Meridian Health
JFK Medical Center

Sponsor of Continuing Education

CORPORATE CIRCLE PARTNERS

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

Harrison J. Gordon, Esq.

Partner at Gordon & Gordon, P.C.

Springfield, NJ | lawgordon.com

Diamond



Hackensack
Meridian Health
JFK Johnson
Rehabilitation Institute

Edison, NJ | jfkmc.org



Fair Lawn, NJ | rehab-specialists.com

Gold



Haddonfield, NJ | bancroft.org



West Orange, NJ | kessler-rehab.com



New York, NY | metlife.com



Livingston, NJ | uirehab.com

Silver



Freehold, NJ
allairehc.com



Southern New Jersey
brainbehaviorbridge.com



Delran, NJ
neurorestorative.com



East Brunswick, NJ
remed.com



Lawrenceville, NJ
slrc.org



Marlton, NJ
weismanchildrens.com

Bronze

Beechwood NeuroRehab
Langhorne, PA | beechwoodrehab.org

Community Skills Program
Marlton, NJ | communityskillsprogram.com

CNNH NeuroHealth
Voorhees, NJ | cnnh.org

EXHIBIT, SPONSOR AND ADVERTISE

Exhibit

Exhibit Fee \$650*

*The exhibit fee includes two full seminar registrations for two exhibitors, and a 6ft skirted table.

Sponsor

Seminar Sponsor \$10,000

- 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 Friends and Family Fest
- Complimentary exhibit space at Annual Walk for Brain Injury Awareness (10/5/19)

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 Friends and Family Fest

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

Afternoon Break Sponsor \$750

- 1 registration for the seminar
- Signage at the afternoon snack/break
- Acknowledgment in seminar program
- Acknowledgment in welcome remarks
- 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 high resolution EPS, JPG or PDF ad to the attention of Joanna Boyd, jboyd@bianj.org by April 19, 2019

Promotion Reach

300 attendees **1,000** mailing addresses **7,500** email recipients **20,000** social media followers **250,000** visitors to bianj.org websites

*Friends and Family Fest attended by 150 individuals.

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: (Please print) _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____ Please check if you require a Kosher meal

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

Morning (10: 45am - 12:00pm)

- Executive Dysfunction-Pediatrics (1)
- Neuropsychiatric Issues (2)
- Interdisciplinary Brain Injury Rehab (3)
- Yoga and Meditation (4)

Afternoon 1 (1:00pm- 2:15pm)

- Neurotoxicity (5)
- CranioSacral Therapy (6)
- NJ TBI Model Systems (7)
- Neurosurgical Solutions-Seizures (8)

Afternoon 2 (2:30pm - 3:45pm)

- Research Panel (9)
- Prism Adaptation-Spatial Neglect (10)
- Sex and Intimacy (11)
- Persuasion-Advocacy (12)

Continuing Education Please note there is a flat rate of \$15.00 for processing. Check with your employer about payment responsibility.

- | | |
|--|---|
| <input type="checkbox"/> American Speech Language Hearing Association (ASHA) | <input type="checkbox"/> Natl. Assoc. of Social Workers (NASW-NJ) |
| <input type="checkbox"/> Commission for Case Manager Certification (CCM) | <input type="checkbox"/> Certified Rehabilitation Counselor (CRC) |
| <input type="checkbox"/> Certification of Disability Management Specialist (CDM) | <input type="checkbox"/> NJ State Board of Physical Therapy Examiners |
| <input type="checkbox"/> NJ State Nurses Association (NJSNA) | <input type="checkbox"/> American Psychological Association (APA) |
| <input type="checkbox"/> American Occupational Therapy Association (AOTA) | |

Exhibitor 2 Name: (Please print) _____ 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)

- Executive Dysfunction-Pediatrics (1)
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| <input type="checkbox"/> American Occupational Therapy Association (AOTA) | |

Attendee registration opens May 14th at 7:30 AM.

Questions about exhibiting, sponsorship and advertising can be directed to jboyd@bianj.org

EXHIBITOR PAYMENT FORM

Complete this form and mail it along with payment to the Brain Injury Alliance of New Jersey

<i>Exhibit</i>	<i>Advertise</i>
<i>The exhibit fee allows for two exhibitors to attend the seminar</i>	Full Page Back Cover \$1000 <input type="checkbox"/>
Exhibit Fee: \$650 <input type="checkbox"/>	Full Page Inside Front Cover \$750 <input type="checkbox"/>
	Full Page Inside Back Cover \$750 <input type="checkbox"/>
	Full Page 7" x 9 1/2" \$500 <input type="checkbox"/>
	Half Page 7" x 4 1/2" \$250 <input type="checkbox"/>
	Email in High Resolution EPS, JPEG or PDF to jboyd@bianj.org

<i>Sponsor</i>			
Seminar Sponsor	\$10,000 <input type="checkbox"/>	Breakfast Sponsor	\$1,500 <input type="checkbox"/>
Keynote Sponsor	\$5,000 <input type="checkbox"/>	Afternoon Break Sponsor	\$750 <input type="checkbox"/>
Luncheon Sponsor	\$2,500 <input type="checkbox"/>		
<i>Sponsors are recognized with appropriate signage and are listed in the program.</i>			

All ads, exhibitor registrations, and sponsorships must be submitted by April 19, 2019.

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

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