

# The Brain Injury Association of Illinois

## 2019 Annual Educational Conference

October 18-19, 2019

Drury Lane Conference Center  
Oakbrook Terrace, IL

### Exhibitor & Sponsor Packet

#### **WHO SHOULD ATTEND?**

The annual BIA of Illinois Educational Conference is open to individuals who have sustained an acquired brain injury, their family members and caregivers, rehabilitation professionals, and professionals working with an individual who has sustained an acquired brain injury. The conference is open to the public.

Some disciplines that may be in attendance are, but not limited to:

Allied Professionals  
Art Therapists  
Athletic Trainers  
Attorneys  
Case Managers  
Direct Care Staff  
Educators

Licensed Professional Counselors  
Mental Health Professionals  
Music Therapists  
Nurses  
Nursing Home Administrators  
Occupational Therapists  
Physical Therapists

Physicians  
Psychologists  
Recreational Therapists  
Social Workers  
Speech Language Pathologists  
Vocational Specialists  
Coaches

#### **Conference Times**

•Friday, October 18, 2019  
7:30am – 5:15pm

•Saturday, October 19, 2019  
7:30am – 1:00pm

#### **Brain Injury Association of Illinois**

P.O. Box 70  
Palos Heights, IL 60463

Phone: 312.726.5699  
Fax: 312.630.4011  
E-Mail: info@biail.org

Register online:

[www.biail.org/calendar.htm#Educational](http://www.biail.org/calendar.htm#Educational)

# 2019 BIA of Illinois Conference Exhibitor/Sponsor Registration Form

Organization Name \_\_\_\_\_

Contact Name \_\_\_\_\_

## **EXHIBITOR OPPORTUNITIES**

1. Expanded Exhibitor opportunities:

Gold \$5,000 \_\_\_\_\_  
(includes 4 exhibitor staff)

Silver \$2,500 \_\_\_\_\_  
(includes 2 exhibitor staff)

Bronze \$1,000 \_\_\_\_\_  
(includes 2 exhibitor staff)

2. Exhibitor: \$500 \_\_\_\_\_  
(includes 1 exhibitor staff)

With Electrical Outlet \$75 \_\_\_\_\_

3. Please list Exhibitor name(s) as it should appear on the Name Badge:

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

4. One Additional Exhibitor - \$150 Name \_\_\_\_\_

## **SPONSORSHIP OPPORTUNITIES**

Lunch \$3,000 \_\_\_\_\_  
Breakfast \$2,000 \_\_\_\_\_  
Keynote \$1,500 \_\_\_\_\_  
Break \$1,000 \_\_\_\_\_

Audio-Visual \$1,000 \_\_\_\_\_  
Registration \$2,000 \_\_\_\_\_  
Friend \$ 500 \_\_\_\_\_  
Contribution \$ \_\_\_\_\_

## **PROGRAM BOOK SPONSORSHIP OPPORTUNITIES**

Outside Back Cover 7.5" x 10" \$650 \_\_\_\_\_  
Inside Front Page 7.5" x 10" \$550 \_\_\_\_\_  
Inside Back Page 7.5" x 10" \$450 \_\_\_\_\_  
Full Page 7.5" x 10" \$350 \_\_\_\_\_  
Half Page 5" x 7.5" \$250 \_\_\_\_\_

**Yes, I would like to contribute \$ \_\_\_\_\_ to the BIA of Illinois Annual Educational Conference.**

<b>Total Payment Amount</b>	
Exhibit	\$ _____
Sponsorship	\$ _____
Contribution	\$ _____
<b>Total Enclosed</b>	<b>\$ _____</b>

## **EXPANDED CONFERENCE EXHIBITOR OPPORTUNITIES**

**We offer several Sponsorship Opportunities for our Exhibitors**

### **Gold Exhibitor - \$5,000**

- Prominent space in Exhibit Hall consisting of draped table and four chairs.
- Four conference registrations
- Recognition on the Brain Injury Association of Illinois Contributor/Sponsor Sign
- Full page ad in the Conference Program Book
- Special acknowledgment and recognition from the podium throughout the conference.
- Acknowledgment in the newsletter and on website

### **Silver Exhibitor - \$2,500**

- Preferred space in Exhibit Hall consisting of draped table and two chairs.
- Two conference registrations
- Recognition on the Brain Injury Association of Illinois Contributor/Sponsor Sign
- Full page ad in the Conference Program Book
- Acknowledgment in the newsletter and on website

### **Bronze Exhibitor - \$1,000**

- Preferred space in Exhibit Hall consisting of draped table and two chairs.
- Two conference registrations
- Recognition on the Brain Injury Association of Illinois Contributor/Sponsor Sign
- Half page ad in the program book
- Acknowledgment in the newsletter and on website

### **Exhibitor - \$500 (additional \$75 charge for electricity)**

- Exhibit Hall space consisting of draped table and two chairs.
- One conference registration
- Recognition on the Brain Injury Association of Illinois Exhibitor sign
- Acknowledgment in the Conference Program Book

**Make Plans to Reserve Your Booth Space in the Exhibitor Hall Today!**

**Space is Limited, so Respond as Soon as Possible**

**Register Online at <http://www.biaill.org/calendar.htm#Educational>**

The deadline for exhibitor and sponsorship registration is **September 30, 2019**

## CONFERENCE SPONSORSHIP OPPORTUNITIES

Show Your Support of the Brain Injury Association of Illinois, Become a Sponsor!

### **\$3,000 Lunch Sponsor**

As the lunch sponsor, you will be recognized during lunch. You will receive a reserved table in a preferred location at the lunch, for you and your guests. You gain added recognition with mention from the podium, and in conference materials. You will receive a full page ad in the Conference Program Book.

### **\$2,000 Registration Sponsor**

Each attendee will receive a packet at registration containing their ID badge and other important conference materials. Your organization's name will be recognized at the registration desk, and in onsite materials. You will receive a half page ad in the Conference Program Book.

### **\$2,000 Breakfast Sponsor**

Each morning of the conference a breakfast will be available to attendees to provide networking opportunities with peers. As a Breakfast Sponsor, you will be recognized at the breakfast. You gain added recognition with mention from the podium, and in conference materials. You will receive a half page ad in the Conference Program Book.

### **\$1,500 Keynote Sponsor**

The conference will offer exciting keynote speakers. You gain added recognition with mention from the podium, and in onsite materials.

### **\$1,000 Break Sponsor**

Throughout the conference, refreshment breaks will be available to attendees to provide networking opportunities with peers. As a Break Sponsor, you will be recognized during the Break, and in onsite materials.

### **\$1,000 Audio-Visual Sponsor**

Your organization will be recognized in the lecture halls, on the A/V products, and in onsite materials.

### **\$500 BIA of Illinois Friend Sponsor**

As a Friend sponsor, you will be recognized in the program book.

**Additional sponsorships are available, please contact the office at 312.726.5699 to discuss sponsorship levels.**

**Conference contributions of any amount would be greatly appreciated by the Brain Injury Association of Illinois, and will be acknowledged in the program book.**

## **PROGRAM BOOK SPONSORSHIP OPPORTUNITIES**

The 2019 BIA of Illinois Annual Educational Conference provides an opportunity for individuals with brain injuries, their families, and professionals across the state and from surrounding states to attend a premier educational event! Take this opportunity to become a Conference Program Book Sponsor. The Conference Program Book will be distributed to all onsite attendees. This book will contain a detailed listing of all the presentations, presenters, and sponsors. It will include information on the programs and services provided by the Brain Injury Association of Illinois. The book will be 8 ½ x 11 in size. This book is sure to be referenced throughout the year, providing added visibility to you and your organization.

Outside Back Cover	7.5" x 10"	\$650
Inside Front Page	7.5" x 10"	\$550
Inside Back Page	7.5" x 10"	\$450
Full Page	7.5" x 10"	\$350
Half Page	5" x 7.5"	\$250

The deadline for exhibitor and sponsorship registration is **October 10, 2019**. Submit camera-ready ads or electronic file to the Brain Injury Association of Illinois office with the registration form. Ads submitted after October 10<sup>th</sup> may not be guaranteed placement in the book based on print shop status. Electronic files should be sent to [info@biaill.org](mailto:info@biaill.org)

## PAYMENT INFORMATION

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

Contact Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone / Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**PAYMENT OPTIONS**     Check (Payable to BIA of IL)     VISA     MasterCard     Discover

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

I authorize the Brain Injury Association of Illinois to bill my credit card in the amount of \_\_\_\_\_

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date