

# **29th Annual Brain Injury Conference**

Joined Voices, Shared Journeys  
Connections Through the Continuum  
Dover Downs Conference Center  
March 5, 2020

## **Partnership Opportunities**

### **CONFERENCE \$5,000**

- (2) complimentary tickets to reception on March 4th
- (6) complimentary conference registrations
- You will sponsor (4) conference registrations for survivors and caregivers
- (4) annual memberships to BIAD (can be used by your company or donated to survivors)
- 2 minutes to address conference attendees during the opening ceremony
- Exhibitor table at conference (see exhibitor page for times and rules)
- Logo inclusion on pre-conference correspondence i.e - email promotions
- Sponsor logo displayed on screen during the conference
- Full page advertisement in conference program
- Sponsorship listing and logo on BIAD website for (1) year
- Brain injury education for organization's staff for (1) year
- Promotion on BIAD's social media
- Logo inclusion in printed advertisement post-conference

### **ADVOCATE \$3,000**

- (2) complimentary tickets to reception on March 4th
- (4) complimentary conference registrations
- You will sponsor (4) conference registrations for survivors and caregivers
- 2 minutes to speak during the conference (TBD)
- (2) annual memberships to BIAD (can be used by your company or donated to survivors)
- Exhibitor table at conference (see exhibitor page for times and rules)
- Logo inclusion on pre-conference correspondence i.e - email promotions
- Sponsor logo displayed on screen during the conference
- Half page color advertisement in conference program
- Sponsorship listing and logo for one year on BIAD website
- Brain Injury education for organization's staff for (6) months
- Mention on BIAD's social media
- Logo inclusion in printed advertisement post-conference

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## Partnership Opportunities

### LUNCH \$2,500

- **Only one lunch opportunity available for the 2020 Conference**
- (2) complimentary tickets to reception on March 4th
- (2) complimentary conference registrations
- You will sponsor (2) conference registrations for survivors and caregivers
- (1) Annual membership to BIAD
- Exhibitor table at conference (see exhibitor page for times and rules)
- 2 minutes to speak during the luncheon
- Half page color advertisement in conference program
- Sponsorship listing and logo for one year on BIAD website
- Mention on BIAD's social media
- Logo inclusion in printed advertisement - post conference

### RECEPTION \$2,500

- **Only one reception opportunity available for the 2020 Conference**
- (6) complimentary tickets to reception on March 4th
- (2) complimentary conference registrations
- You will sponsor (2) conference registrations for survivors and caregivers
- (1) Annual membership to BIAD
- Exhibitor table at conference (see exhibitor page for times and rules)
- 2 minutes to speak during the reception
- Half page color advertisement in conference program
- Sponsorship listing and logo for one year on BIAD website
- Mention on BIAD's social media
- Logo inclusion in printed advertisement - post conference

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## **Partnership Opportunities**

### **PARTNER SPONSOR \$1,000**

- (2) complimentary conference registrations
- You will sponsor (2) conference registrations for a survivor and caregiver
- Exhibitor table at conference (see exhibitor page for times and rules)
- Quarter page B&W advertisement in conference program
- Sponsorship listing and logo for 9 months on BIAD website

### **FRIEND SPONSOR \$500**

- (2) conference registrations
- Quarter page B&W advertisement in conference program
- Exhibitor table at conference (see exhibitor page for times and rules)
- Sponsorship listing on website for 9 months

### **Small Biz Exhibitor \$350**

- Exhibitor table at conference (see exhibitor page for times and rules)
- Business card B&W advertisement in conference program
- Sponsorship listing for 6 months on BIAD website

### **Non-Profit Exhibitor \$200**

- Exhibitor table at conference (see exhibitor page for times and rules)
- Business card B&W advertisement in conference program
- Sponsorship listing for 6 months on BIAD website

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## Partnership Information

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Company Name

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Contact Name

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Name of Attendee(s)

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Address

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City

---

State, Zip Code

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Email Address

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Phone Number

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Type/Level of Partnership

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Amount Enclosed

**\*\*Electricity Needed**     Yes     No

### PAYMENT INFORMATION

Please make checks payable to BIAD and mail with this form to the Brain Injury Association of Delaware,  
P.O. Box 1897, Dover, DE 19903.  
If credit is the preferred payment type, please call our office @ 302.346.2083

Thank you for your support!

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## Exhibiting Information

**Exhibitor Fair: 8:00am - 4:00pm**

**Set up time: 7:00-7:45am. Please be set up and ready to exhibit by 8am.**

Exhibitors will have a great opportunity to showcase their programs and services, distribute information and network with our broad audience. BIAD's Conference is the only brain injury conference in Delaware and it attracts individuals with both traumatic and acquired brain injuries, family members and caregivers, medical professionals, therapists, and State officials.

- Exhibitor spaces will be located throughout the conference area. Your table will be labeled when you arrive
- Access to conference classes and information
- Six (6) foot skirted table
- Acknowledgement in conference literature, as listed in benefits package
- Wi Fi available in exhibitor and common areas
- No additional charge for electricity
- If you need a second person to exhibit that is not included in your partnership, there will be a \$40 charge.

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## Advertising Opportunities

*The Brain Injury Association of Delaware is pleased to offer advertising space in the Annual Conference Program. The program will be distributed to all conference attendees and will be filled with helpful conference information.*

Advertising Rates:

- Full page - \$350
- Half Page - \$200
- Quarter page - \$125
- Business Card Size - \$50

**Our Audience:** Individuals with brain injury, family members/caregivers, and a wide range of providers and professionals, including educators, clinical and medical professionals, and representatives from state agencies.

**ALL ADVERTISING REQUESTS MUST BE SUBMITTED BY JANUARY 10, 2020  
VIA EMAIL TO [DIRECTOR@BIADE.ORG](mailto:DIRECTOR@BIADE.ORG)**

Questions: Call BIADE, at (800) 411-0505 or email at [director@biade.org](mailto:director@biade.org)

*Please make your check payable to BIADE, a 501(c)(3) organization, and send the following form to:*

**Brain Injury Association of Delaware  
P.O. Box 1897  
Dover, DE 19903  
Attn: Conference**

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## Guidelines for Ad Submission

### 1. Size:

- a. area available for ad is:
  - i. covers: 8-1/2”w x 11”h (full bleeds okay)
  - ii. full page: 7-1/2”s x 10”h (no bleeds)
  - iii. half page: 7-1/2”w x 5”h (no bleeds)
  - iv. quarter page: 3-3/4”w x 5”h (no bleeds)
  - v. business card: 3-1/2”w x 2”h (no bleeds)
- b. submit art that is above-listed size or smaller
- c. do not submit art that includes crop marks, bleeds, color guides, or any other elements that you do not want included in the printed directory (\*\*exception \*\*: if submitting art for inside front cover, inside back cover or outside back cover, art file should bleed ¼” on all sides)
- d. BIADE reserves the right to manipulate ad size if art does not meet above specs.

### 2. Imprint

- a. for black-and-white ads: submit black or grey-scale art
- b. for color ads: submit 4-color process (cmyk) art. We cannot provide exact match of pms colors.

### 3. Art files:

- a. submit electronic art via email to [director@biade.org](mailto:director@biade.org) with “BIADE ad” in subject line
- b. include your organization’s name in the file name (i.e. TristateMed\_BIADE\_ad\_2020)
- c. if embedding raster images (i.e. jpeg, photo images, etc.), they should be at least 200 pixels per inch
- d. We highly recommend you submit vector art for the best results (pdf, ai or eps). Master files (jpg, bmp, gif) can be used, but we cannot be held responsible for the quality of the reproduction. Microsoft Word or Microsoft Publisher files cannot be accepted.
- e. Art design / production are the sole responsibility of the advertiser.
- f. No guarantees regarding ad placement are made, and no refunds will be provided due to ad placement.

### 4. Other

- a. all advertising copy and images shall be subject to the approval of BIADE
- b. advertiser is responsible for any and all claims resulting from the unauthorized use of any name, image or words protected by copyright, trademark, etc. in connection with this advertisement
- c. to use your ad from a previous year, send email to [admin@biade.org](mailto:admin@biade.org) stating exact year of the directory for replication of the ad.

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## Registration Form

Please complete the form below and send it with your payment to the address below.

### Attendee Registration Information:

Please complete for each attendee. Additional copies of this registration form can be provided if necessary.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

| <b>Fee Schedule</b>      | <b>Member</b> | <b>Non-Member</b> |  |
|--------------------------|---------------|-------------------|--|
| Professional             | \$80.00       | \$125.00          |  |
| Survivor/Family          | \$40.00       | \$50.00           | **Limited number of<br>scholarships available. |
| Student                  | \$40.00       | \$60.00           |  |
| Exhibitor (extra person) | \$40.00       |                   |  |

### \*Group Rates Available

Group rates apply when five (5) or more individuals from the same business, organization, or school register and attend together. Please contact our office at (800) 411-0505 to make arrangements for group rates.



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## Registration Form

Please make checks payable to BIAD and mail with this form to:

Brain Injury Association of Delaware  
Attn: Conference Registration  
P.O. Box 1897  
Dover DE 19903

Check number and amount paid \_\_\_\_\_

*If you would like to pay in another form, please call our office @ 302.346.2083*

### Accessibility Request

I need the following accommodations at the conference (check all that apply):

\_\_\_\_\_ Braille Material                      \_\_\_\_\_ Large Print Material  
\_\_\_\_\_ Sign Language Interpretation (ASL)    \_\_\_\_\_ Tactile Sign Language Interpretation  
\_\_\_\_\_ Assistive Listening (Describe)

Dietary Requests:

\_\_\_\_\_ Vegan meal                      \_\_\_\_\_ Gluten Free

### Scholarships

A limited number of scholarships are available to individuals with brain injury and family members only. These scholarships cover the cost of registration only. For more information, please contact BIAD at 1-800-411-0505.

### Cancellation & Transfer Policy

Cancellations and refunds will be allowed until February 15, 2020. Please call our office at 1.800.411.0505 for the cancellation/refund before February 15th. You may transfer your registration to another person with 24-hours notice.