



Sports Concussion Conference

Thursday, October 30, 2008
Best Western Royal Plaza Hotel
181 Boston Post Road
Marlborough, MA 01752



Sponsor & Exhibitor Packet

Brain Injury Association of Massachusetts
30 Lyman St., Suite 10, Westborough, MA 01581
Phone: 508-475-0032 Fax: 508-475-0040
Register online at www.biama.org

SPONSORS & EXHIBITORS

The Brain Injury Association of Massachusetts (BIA-MA) invites your organization to be an exhibitor at the 2008 Sports Concussion Conference, held on Oct. 30, 2008 at the Royal Plaza Hotel & Trade Center in Marlborough, MA. Each year coaches, athletic trainers, nurses, and other medical professionals attend this conference.

\$1,500 Sponsor

- Full page ad in the Conference packet
- Corporate/organization name on table tents at lunch reception
- One free conference exhibit table. Includes two free conference registrations and lunch
- Logo included in all electronic conference correspondence
- Link with logo on BIA-MA conference and sponsor webpage
- Corporate name listed on a special “Welcome” sign at registration
- Corporate name listed in the Schedule of the Day Program

\$500 Exhibitor

- One free conference exhibit table and two free conference registrations
- Corporate name listed in the Schedule of the Day Program

Exhibits

- **Location of Exhibits:** The exhibit area will be open on Thursday, Oct 30, 2008 from 7:00 a.m. to 4:00 p.m. Exhibitors are required to sign-in at the registration desk before proceeding to their exhibit location.
- **Electrical Requirements:** There is access to electrical outlets. Please detail your needs on the agreement sheet. Every effort will be made to accommodate your requirements.
- **Equipment:** The basic set-up for each exhibit will consist of one (six-foot draped table, two (2) chairs.
- **Exhibit Initiative:** Each attendee who visits your booth and listens to your presentation will receive one raffle entry, provided by BIA-MA. Raffle items include tickets to sporting events and signed memorabilia.



Sports Concussion Conference
Thursday, October 30, 2008

Sponsor and Exhibitor Registration Form

Name: _____

Company Name:

(As you wish it to appear, please type or print.)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Your Representative(s) at the conference will be:

(Please type or print as you wish it to appear on your name badge)

Name: _____ Title: _____

Name: _____ Title: _____

IF PAYING BY CREDIT CARD, PLEASE COMPLETE

Credit Card: Visa MC Discover

Cardholder Name: _____

Card Number: _____

Exp date: _____ Billing Zip Code: _____

Signature : _____

Sponsor: \$1,500

Exhibitor: \$500

Please complete the registration form and return it to the BIA-MA.

For more information, contact Jennifer Gammon
at the BIA-MA office at jgammon@biama.org

Phone: (508) 475-0032 Fax: (508) 475-0040 www.biama.org
30 Lyman St., Suite 10, Westborough, MA 01581