

Should you have any questions, please contact Kimberly Hill: kim@biala.org

EXHIBITOR OPPORTUNITIES

The 13th Annual Conference presents an incomparable opportunity to promote your organization to highly specialized professionals and strengthen your brand identity. Sponsors will enjoy direct access to the leaders in our state who are helping to shape the future of brain and spinal cord injury treatment and rehabilitation as well as direct consumers and caregivers. Currently this is planned as an in-person event but will switch to virtual if needed.

Non-Profit ------ \$200.00

- Table in Vendor Exhibition area, with up to 2 people per table.
- Access to the conference for 2 individuals with complimentary meals.
- Listed as an exhibitor on BIALA website.

*THERE IS A FLAT FEE FOR THOSE SEEKING CEUs: \$50 per person.

- Corporation ------ \$350.00
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TO RESERVE A SPOT AND PAYMENT OPTIONS:

By Mail: Include form and check Brain Injury Association of Louisiana 3433 Hwy 190, Suite 270 Mandeville, La 70471

Online: https://www.biala.org/resource-center/exhibitors-online-form-copy



Thank you for participating in our annual conference. Should you have any questions, please contact Kimberly Hill: kim@biala.org

SPONSOR & EXHIBITOR INFORMATION

Company/Organization Name			
Name of THIRD Representative			
Contact Phone			
Contact Email			
Seeking CEUs?	Circle YES	One: NO	If YES- Discipline:
Joining us for lunch?	Circle YES	One:	If YES- Dietary Restrictions:
Name of FORTH Representative			
Contact Phone			
Contact Email			
Seeking CEUs?	Circle YES	One: NO	If YES- Discipline:
Joining us for lunch?	Circle YES	One:	If YES- Dietary Restrictions:
AUTHORIZATION FOR PHOTO	O, VIDEO,	OR AUDIO	RECORDING OF PRESENTATION:
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NAME_____

DATE

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SPONSOR & EXHIBITOR INFORMATION

Company/Organization Name			
Business Mailing Address			
Name of FIRST Representative			
Contact Phone			
Contact Email			
Seeking CEUs?	Circle One:		If YES- Discipline:
	YES	NO	Please submit \$50 CEU Fee
Joining us for lunch?	Circle One:		If YES- Dietary Restrictions:
	YES	NO	
Name of SECOND Representative			
Contact Phone			
Contact Email			
Seeking CEUs?	Circle One:		If YES- Discipline:
	YES	NO	Please submit \$50 CEU Fee
Joining us for lunch?	Circle One:		If YES- Dietary Restrictions:
	YES	NO	
Will you require electrical setup?	Circle One:		
	YES	NO	If YES, please submit \$20 electrical setup fee
Is your organization willing to donate a small door prize (i.e., \$25 gift certificate, goodies basket, etc.)?	Circle	One:	
	YES	NO	
AUTHORIZATION FOR PHOTO	, VIDEO,	OR AUDI	O RECORDING OF PRESENTATION:

I grant permission to BIALA, its representatives, employees, and volunteers the right to take photographs, video and/or audio recordings in connection with any educational presentation, and authorize BIALA, its assigns and transferees the right to use or publish same in print or electronically. My name and date entered below is my approval for BIALA to use photographs/video/audio recordings of me (with or without my name) for any lawful purpose, including education, publicity, illustration, advertising, and web content.

NAME	DATE

