



**29<sup>th</sup> Annual Wisconsin Conference on Brain Injury**  
*“Living Well with Brain Injury”*

**Sponsorship Form**

I will be co-sponsoring the 2017 Annual Conference at the following level:

- Amount \$ \_\_\_\_\_ **Platinum Level** Co-sponsorship (\$2000 or greater)
- Amount \$ \_\_\_\_\_ **Gold Level** Co-sponsorship (\$1500-\$1999)
- Amount \$ \_\_\_\_\_ **Silver Level** Co-sponsorship (\$1000-\$1499)
- Amount \$ \_\_\_\_\_ **Benefactor Level** (\$500-\$999)
- Amount \$ \_\_\_\_\_ **Supporter Level** (\$100-\$499)

**Additional Support Opportunities**

Please consider an additional contribution to support one of the following areas:

- \_\_\_\_\_ Scholarships (So those needing assistance may attend)
- \_\_\_\_\_ Food and Refreshments (Snacks during breaks)
- \_\_\_\_\_ Printed Materials
- \_\_\_\_\_ Speaker accommodations

- \_\_\_\_\_ \$250.00
- \_\_\_\_\_ \$500.00
- \_\_\_\_\_ \$750.00
- \_\_\_\_\_ \$1000.00
- \_\_\_\_\_ Other amount \$ \_\_\_\_\_

**Total Co-sponsorship Amount: \$** \_\_\_\_\_

Please email me an invoice for the level of sponsorship indicated above. \_\_\_\_\_

\*In the event that there are insufficient funds to adequately supply the Breaks with provisions, BIAW reserves the right to cancel this program. BIAW will then return funds delegated for this purpose or will use toward another as directed by the contributor.

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment does not need to accompany this form.**  
**Please return this form by March 1, 2017 to BIAW, 6409 Odana Rd, Ste. 1H, Madison, WI 53719 or Email [kcurtis@biaw.org](mailto:kcurtis@biaw.org). Thank you!**