

BRAIN INJURY ALLIANCE

Since

1981

OF NEW JERSEY

EDUCATION ■ OUTREACH ■ PREVENTION ■ ADVOCACY ■ SUPPORT

Annual Gala

TUESDAY, MARCH 13, 2012

HANOVER MARRIOTT

WHIPPANY, NJ

Honoring

PETER A. INVERSO
President & CEO
Roma Financial Corporation

AL MAGHAZEHE, PhD, FACHE
President & CEO
Capital Health

CONGRESSMAN BILL PASCRELL, JR.
New Jersey's 8th
Congressional District

SPONSORSHIP OPPORTUNITIES

Yes, I will serve as a Sponsor in the category indicated below:

PRESENTING SPONSOR
\$15,000

- ◆ Table for 12, Premier Seating
- ◆ Listing on Cover of Invitation and Program Book as "Presented By"
- ◆ Full Gold Page in Program Book (5 1/4 x 7 3/4)
- ◆ Logo on BIANJ website and on all event marketing materials
- ◆ Event signage
- ◆ Name included in all event publicity
- ◆ Recognition during event program

PRESIDENT'S CIRCLE
\$10,000

- ◆ Table for 10, Premier Seating
- ◆ Full Silver Page in Program Book (5 1/4 x 7 3/4)
- ◆ Logo on BIANJ website and on all event marketing materials
- ◆ Event signage
- ◆ Name included in all event publicity
- ◆ Recognition during event program

GALA CO-CHAIR COMMITTEE
\$5,000

- ◆ Table for 10, Priority Seating
- ◆ Full Black & White Page in Program Book (5 1/4 x 7 3/4)
- ◆ Name listed on BIANJ website and on all event marketing materials
- ◆ Event signage
- ◆ Recognition during event program

GALA TRIBUTE COMMITTEE
\$2,500

- ◆ 2 Tickets to the Gala, Preferred Seating
- ◆ Half Page Black & White Ad in Program Book (5 1/4 x 3 3/4)
- ◆ Name on BIANJ website

GALA EXECUTIVE PATRON
\$1,000

- ◆ 2 Tickets to the Gala, Preferred Seating
- ◆ Gala Executive Patron Listing in Program Book
- ◆ Name on BIANJ website

INDIVIDUAL TICKET
\$200

- ◆ Per person

AD JOURNAL OPPORTUNITIES

Full Page Ad \$1,000

Half Page Ad \$500

Quarter Page Ad \$250

(You may attach a hard copy of your ad or email your ad in **PDF, TIFF** or **JPEG** to Bgetze@aol.com; or attach the text of an ad and we will create an ad for you. Ad deadline is February 20, 2012)

I am unable to attend, but would like to make a donation of \$_____.

Name _____ Title _____

Company _____

Address _____

Phone # _____ FAX _____ Email _____

Please return this form and payment to: Brain Injury Alliance of NJ, Event Headquarters, 62 Birch Ave., Little Silver, NJ 07739

For additional information, please call 800-626-8097

Kindly respond by February 20, 2012