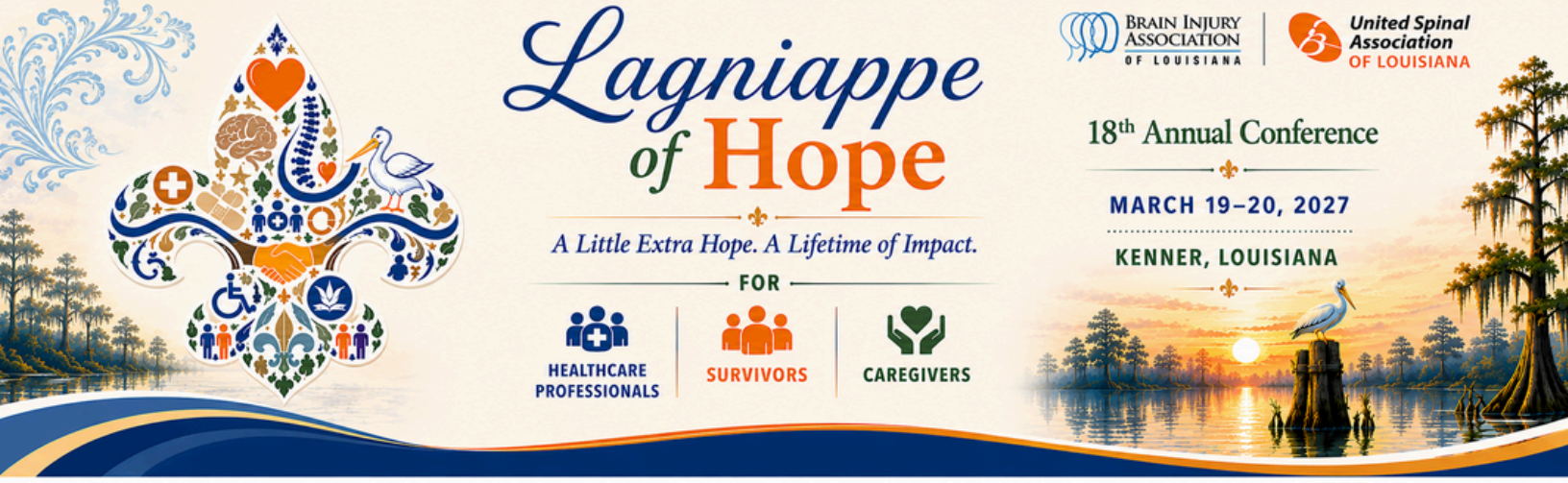

EXHIBITOR OPPORTUNITIES

Our 18th Annual Conference will bring together over 200 healthcare professionals, individuals living with brain and/or spinal cord injury, and their caregivers from across Louisiana. As an exhibitor, you'll have the opportunity to showcase your company/organization, connect with key decision-makers and consumers, expand your network, and strengthen your presence within the brain and spinal cord injury community.

- **6 ft. table in Exhibit Hall with 2 chairs** **$500.00**
- **Access to the conference for same 2 individuals with complimentary meals and CEUs (**any additional staff will need to purchase a registration)
- **Listed as an exhibitor in conference program and on BIALA website**
- **Included in BIALA's online resource guide**

***If you plan to bring additional equipment that will not fit within the 6 foot space provided, an additional space must be purchased.**
If needed, the provided table can be removed to make space for equipment.
Or, you may request to be in the registration area (right outside exhibit hall) for additional space.

Back by popular demand is our one hour SOCIAL immediately following the conference sessions on Friday, March 19th.

ADD ON OPPORTUNITY: **Networking Social Sponsor** **$300.00**

Benefits include:
Logo on Networking Social invitation for all attendees
Recognition as Networking Social sponsor on conference promotional materials and conference signage
Highlight in monthly newsletter and on social media.

Add On Networking Social Sponsorship? YES NO

Will you fit in provided space? YES NO

If no, please add $500 for additional space

Total Amount Due: _____

Company Name: _____

Company Contact: _____

Contact Email Address / Phone Number: _____

PAYMENT INFORMATION:

By Mail: *Include both form & check*

Brain Injury Association of Louisiana
3433 Hwy 190, Suite 270
Mandeville, LA 70471

Online: www. biala.org
(use "support us" tab then choose donate)

Payment Due by February 1, 2027.

Thank you for participating in our annual conference. Please complete and return by February 1st, 2027.

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

EXHIBITOR INFORMATION

Company/Organization Name	
Business Mailing Address	
Name of FIRST Representative	
Contact Phone	
Contact Email	
Seeking CEUs?	**YES NO** **If YES, What Discipline:**
Joining us for lunch?	**Friday: YES NO** **Saturday: YES NO** **If YES, Any Dietary Restrictions?**
Name of SECOND Representative	
Contact Phone	
Contact Email	
Seeking CEUs?	**YES NO** **If YES, What Discipline:**
Joining us for lunch?	**Friday: YES NO** **Saturday: YES NO** **If YES, Any Dietary Restrictions?**
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 AUDIO RECORDING OF PRESENTATION:

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NAME _____ **DATE** _____