



**SPINAL CORD INJURY AWARENESS DAY EXPO
SATURDAY, SEPTEMBER 21, 2019**

SPONSOR FORM, VENDOR INFORMATION & PHOTO RELEASE

SPONSOR PACKAGES

- Back on Track** **\$1,000**
- Recognition as lead sponsor from the podium throughout event
 - Top placement of name/logo on day-of event signs listing Expo sponsors
 - Name on back of event t-shirt
 - Logo on Expo event fliers
 - Exposure on Burke's 14 campus-wide hospital screens through September 30, 2019
 - Recognition on burke.org (26K visits/mo), Facebook (5.5K followers) and Twitter (1.2K followers)
- Wheel Winner** **\$500**
- Prominent placement of logo on day-of event signs listing Expo sponsors
 - Name on back of event t-shirt
 - Name on event fliers
 - Exposure on Burke's 14 campus-wide hospital screens through September 30, 2019
 - Recognition on burke.org (26K visits/mo), Facebook (5.5K followers) and Twitter (1.2K followers)
- Sneaker Sponsor** **\$250**
- Name on day-of event signs listing Expo sponsors
 - Exposure on Burke's 14 campus-wide hospital screens through September 30, 2019

Spinal Cord Injury Awareness Day Expo - Vendor Information

- Expo Date: Saturday, September 21, 2019
- Time of Expo: 9am – 12pm (8:30am set up)
- Location: Burke Rehabilitation Hospital (785 Mamaroneck Avenue, White Plains, NY 10605; More details forthcoming on exact expo location on campus)
- Expo Fee: **Free!**
- Amenities: 10'x10' space with one (1) 6' table and 2 chairs provided per space w/ Wi-Fi access
- Parking: Please park in Lot E after set up

Please "X" here if you would like to participate as a vendor in the 2019 Spinal Cord Injury Awareness Day Expo

Please note here if you need electricity ____ **YES** ____ **NO**

Deadline to sign up as a sponsor and vendor is September 6, 2019

2019 SPINAL CORD INJURY AWARENESS DAY SPONSOR COMMITMENT FORM

Sponsorship Package Selected: _____

Amount Enclosed for Sponsorship: \$ _____

SPONSOR INFORMATION

Organization: _____
(Please list how you would like to be acknowledged)

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

PAYMENT INFORMATION - DEADLINE IS SEPTEMBER 6, 2019

I have enclosed a check for the above amount payable to: **Burke Rehabilitation Hospital**
Please mail checks to: Burke Rehabilitation Hospital
Attn: Development Department
785 Mamaroneck Avenue
White Plains, NY 10605

Please charge my credit card

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Credit Card #: _____ Exp.: _____ CSV# (on back): _____

Signature: _____

For more information, please contact Sarah Caro at (914) 597-2846 or scaro@burke.org

Burke Rehabilitation Hospital is a 501(c)(3) organization. Your tax deductible contribution helps Burke in many ways including financial assistance for patients who need it most.

THANK YOU FOR YOUR SUPPORT!



Burke Rehabilitation Hospital
785 Mamaroneck Avenue, White Plains, New York 10605
Marketing Department
(914) 597-2848

Photo Release Form

I, _____ (print name)

Residing at: _____
Street Address **City** **State** **Zip**

hereby authorize Burke Rehabilitation Hospital and its parent, successors, affiliates (hereinafter "Burke") and such other persons as it may engage ("Licensees"), to interview me, take and use still and/or motion pictures, voice and videotape recordings of me, my children, or my legal ward while a patient or visitor of Burke.

I authorize the use of these pictures and/or recordings, together with the right to retouch or edit the same, in any manner and in any media for the purpose of advertising Burke's services or any other purpose which Burke may deem appropriate.

I understand that any pictures/videos taken of me by Burke or Licensees are owned by them and may be included in publications posted on Burke's website, marketing materials and social networking sites.

I further agree that Burke and Licensee will have the right to attribute to me any statement made by me and said statement may be paraphrased, amplified and/or shortened.

I recognize that the protected health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected.

I am over 18 years of age and have the legal right and authority to sign for myself and any minors named herein. I hereby release Burke and Licensees from any claim or liability whatsoever in connection with the photos/filming.

Date: _____

Signature: _____

Subject/Project: _____

Employee: _____

**Please return form to Burke's Marketing Department*

(Revised 01/18)