



**TWELFTH ANNUAL NORTHERN KENTUCKY  
BRAIN INJURY CONFERENCE**  
*Obstacles and Avenues to Brain Injury and Stroke Recovery*  
**2018 EXHIBITOR REGISTRATION FORM**

**Date:** Friday, March 23, 2018  
**Time:** 7:30 AM – 4:00 PM  
**Location:** Receptions Conference Center  
 1379 Donaldson Road, Erlanger KY 41018

**\$1,500.00 Diamond Exhibitor**

Includes covered table, 6 CEUs, 6 lunches, Acknowledgement during conference welcome, Premium continuous electronic signage with your logo, one year advertisement on BRIDGES, Inc. website, listing in conference program with logo, **Priority selection of booth space - Enhanced for 2018**

**\$750.00 Platinum Exhibitor**

Includes covered table, 3 CEUs, 3 lunches, Preferred location, Premium continuous electronic signage with your logo, one year advertisement on BRIDGES, Inc. website, listing in conference program with logo

**\$500.00 Gold Exhibitor**

Includes covered table, 2 CEUs, 2 lunches, continuous electronic signage with your logo, one year advertisement on BRIDGES, Inc. website, listing in conference program with logo

**\$300.00 Silver Exhibitor**

Includes covered table, 1 CEU, 1 lunch, continuous electronic signage, listing in conference program

**Please select exhibitor level:**       Diamond \$1,500.00       Platinum \$750.00       Gold \$500.00       Silver \$300.00

Does your exhibit require access to an electric outlet?       Yes       No

Please list any special needs: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

Amount Remitted: \_\_\_\_\_ (BRIDGES Tax ID: 26-2633630)

My check is enclosed. Make check payable to **BRIDGES, Inc.**

Charge my credit card:  MC     VISA     AmEx     Discover

Credit card number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Address of card holder \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Signature \_\_\_\_\_

Email address for credit card payment confirmation \_\_\_\_\_

Return completed form and payment by **Tuesday, February 27, 2018:**

**Fax:** 866-511-2521

**Email:** julie@bridgesnky.org

**Mail:** BRIDGES, Inc.

55 Edgewood Road  
Edgewood, KY 41017

**Online Registration Available at:**  
<http://bridgesnky.org/conference>

*Thank you for your support!*