



**THIRTEENTH ANNUAL NORTHERN KENTUCKY  
BRAIN INJURY CONFERENCE**  
*Therapeutic Interventions: A Team Approach*

**2019 CORPORATE SPONSORSHIP FORM**

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

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

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

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

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

Suggested Sponsorships:

\_\_\_ \$500 \_\_\_ \$1000 \_\_\_ \$1500 \_\_\_ \$2000 \_\_\_ \$2500 \_\_\_ Other \$ \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Email your organization's logo to: [julie@bridgesnky.org](mailto:julie@bridgesnky.org) for display on  
[BRIDGES, Inc. website](http://bridgesnky.org) in recognition of your sponsorship.

My Check is enclosed. Please make checks payable to **BRIDGES, Inc.**

Charge my credit card:  MC  VISA  AmEx  Discover

Number \_\_\_\_\_

Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name as appears on card \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

**Please return completed form and payment:**

Email: [julie@bridgesnky.org](mailto:julie@bridgesnky.org)

Fax: 866-511-2521

Mail: BRIDGES, Inc.  
55 Edgewood Road  
Edgewood, KY 41017

BRIDGES Tax ID: 26-2633630

*Thank you for your support!*