



American
Brain Tumor
Association®

REGIONAL PATIENT & FAMILY MEETINGS

Sponsorship Opportunities

About the American Brain Tumor Association:

The mission of the American Brain Tumor Association (ABTA) is **to advance the understanding and treatment of brain tumors with the goals of improving, extending and, ultimately, saving the lives of those impacted by a brain tumor diagnosis.**

About the Meetings:

The ABTA's Regional Patient & Family Meetings are offered for free to thanks to the generosity of sponsors and supporters. The meetings bring together patients, families and caregivers in their community to network with each other and local healthcare professionals, and to gather the most up-to-date brain tumor information through ABTA's premier programming. Each meeting is attended by approximately 75-150 people.



NEW for 2020!! Live streaming may be integrated in select markets. We are currently in discussion with NYU and UMN to live stream at their locations.

2020 Meeting Dates and Locations:

New York University	New York, NY	Saturday, March 7
University of Minnesota	Minneapolis, MN	Tuesday, April 7
Moffitt Cancer Center	Tampa, FL	Saturday, June 20
University of Southern California	Los Angeles, CA	Fall TBD (November)

For more information, contact:

Debbie Robins
Director, Corporate & Foundation Relations
773-577-8781 or drobins@abta.org

Full benefits are only available if received no later than 10 weeks prior to each event. Otherwise, benefits will be prorated based on timing and availability. Web site, logos, links, etc. are updated approximately every two weeks.

*Sponsorship is not an endorsement, implied or otherwise.
Sponsors and exhibitors may not display competing educational materials to those of the ABTA.*



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Sponsorship Opportunity Details *(cost per location)*

EXCLUSIVE: Presenting Sponsor

\$3,000

- Recognition as Presenting Sponsor during the opening and closing of the meeting
- Recognition in promotional emails and social media (Facebook, Twitter) (qty. 2 per channel)
- Logo with link featured on meeting webpage
- Logo prominently featured on printed on program and signage
- Post it on “Connections,” the ABTA’s online support community, serving 20,000+ people (qty. 1)
- **NEW!!** Participate in 1-minute sponsor lightning round, sharing information about your company/organization and why you’re at the meeting
- Exhibit space during resource fair (*includes (1) six-foot long skirted table*)
- Meeting meals or refreshments
- Free parking

Advocate Sponsor

\$1,500

- Recognition in promotional email (qty. 1)
- Recognition in social media (Facebook, Twitter) (qty. 1 per channel)
- Logo and link on meeting webpage
- Logo prominently featured on printed program and signage
- **NEW!!** Participate in 1-minute sponsor lightning round, sharing information about your company/organization and why you’re at the meeting
- Exhibit space during resource fair (*includes (1) six-foot long skirted table*)
- Meeting meals or refreshments
- Free parking

Community Sponsor (non-profit organizations only)

Two Levels

- Organization Budget Size <\$1M – Free >\$1M – \$300
- **NEW!!** Participate in 1-minute sponsor lightning round, sharing information about your company/organization and why you’re at the meeting
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Yes! We would like to sponsor.

Day of Event Contact Information:

Company/Organization: _____

Contact Name(s): _____

Address: _____

City: _____

State: _____ Zip: _____

Phone(s): _____

Email(s): _____

City: (check all that apply)

Minneapolis, MN (table yes/no?) _____

Tampa, FL (table yes/no?) _____

New York, NY (table yes/no?) _____

Los Angeles, CA (table yes/no?) _____

Sponsorship level at each location:

Presenting Sponsor - \$3,000

Advocate Sponsor - \$1,500

Community Sponsor - \$300 or \$0

of locations X level = total \$ _____

Logo Included

Please send completed form and payment to:

American Brain Tumor Association
8550 West Bryn Mawr Ave., Suite 550
Chicago, IL 60631
Email: drobins@abta.org

Preferred payment method:

Check payable to:
American Brain Tumor Association

Credit Card (MasterCard, Visa, American Express, Discover)

Card Number: _____

Expiration Date: _____

Security Code: _____

Name on Card: _____

Invoice us
Terms: 30 days from date of this commitment

Send bill to:
Organization: _____

Accounts Payable

Contact Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Authorized Signature:

I authorize the American Brain Tumor Association to use my organization's name and/or logo that I have provided for promotional purposes, including, but not limited to, the ABTA's website, media advertisements and printed materials.

Signature: _____ Date: _____

Printed Name: _____

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