



2026 REWIRING RECOVERY NEUROTRAUMA SYMPOSIUM

INTEGRATIVE MEDICINE FOR NEUROREHABILITATION

— Brain & Spinal Cord Injury —

Friday, April 10, 2026
Clyde Muse Center, Pearl, MS

PRESENTED BY



**BRAIN INJURY
ASSOCIATION
OF MISSISSIPPI**



**United Spinal
Association
of Mississippi**

PARTNERING WITH



SPONSOR & EXHIBITOR OPPORTUNITIES

PACKAGE	COST	EVENT WEBSITE & MOBILE APP	EVENT SIGNAGE	EXHIBITOR SPACE	REGISTRATIONS
PRESENTER (Top tier/limit one)	\$5,000	<u>Highlighted Company Logo</u> displayed on Event Website. Logo/Profile/Links/Banner Ad on Mobile App.	Company Logo on special <u>Presenter Sign</u> and included on Welcome/Thank You Sign	2 Tables Top Tier Location	<u>8 Attendees</u> Registrations include CEU Track
VISIONARY 2nd tier/limit two	\$2,500	<u>Highlighted Company Logo</u> displayed on Event Website. Logo/Profile/Links/Banner Ad on Mobile App.	Company Logo on special <u>Visionary Sign</u> and included on Welcome/Thank You Sign	2 Tables Top Tier Location	<u>6 Attendees</u> Registrations include CEU Track
INNOVATOR (3rd tier)	\$1,500	Company Logo displayed on Event Website. Logo/Profile/Links/Banner Ad on Mobile App.	Company Logo included on Welcome/Thank You Sign	1 Table Top Tier Location	<u>4 Attendees</u> Registration includes CEU Track
ADVOCATE (4th tier)	\$1,000	Company Logo displayed on Event Website. Logo/Profile/Links on Mobile App.	Company Logo included on Welcome/Thank You Sign	1 Table 2nd Tier Location	<u>2 Attendees</u> Registration includes CEU Track
EXHIBITOR	\$500	Company Logo displayed on Event Website. Logo/Profile/Links on Mobile App.	--	1 Table 3rd Tier Location	<u>2 Attendees</u> Registration includes CEU Track
SUPPORTER	\$150	Company or Individual Name listed as a Supporter on Event Website	--	--	--



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Sponsorship/Partnership Agreement

Please complete the information below. The company name listed will be used on promotional materials as written; please list it as you would like it to appear, including capitalization, hyphens, and registered marks, if necessary.

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Company's Web Address: _____

»»Signature: _____ Date: _____

Will any attending participants need CEUs? YES NO (check one)

Will any participants wish to attend Breakout Sessions? YES NO (check one)

We are proud to be a sponsor in the amount of \$ _____

Package: _____

Choose One

☐ Enclosed is a check for \$_____. Check Number _____

☐ Please invoice me at the address above.

☐ Credit Card Payment:

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Name on card: _____ Zip Code: _____

Signature: _____

Please return this signed commitment form and email your logo in a high res format.

Scan OR Email to lguy@msbraininjury.org

You can also mail or fax this form to

Brain Injury Association of Mississippi/United Spinal Association MS Chapter

Catherine Bishop, Executive Director | P. O. Box 55912 | Jackson, MS 39296-5912 | 601.981.1039 (fax)

*Thank!
you!*

Note - Each individual attendee must visit www.msbraininjury.org/nts26 to register. Registration information will be emailed to all sponsors and exhibitors with a direct link and registration code.

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