

Sunset Gala: Liberty Cruise

In support of the International
Paediatric Brain Injury Society
and the 2022 Joint Conference
on Brain Injury

Dinner, Drinks,
& Entertainment

Hosted by:



iBRAIN
International Institute
for the Brain



Thursday, September 22 • 6pm- 9:30pm (The boat leaves at 6:30pm promptly)

Aqua Azul, Chelsea Piers, NY, NY 10011

The International Institute for the Brain (iBrain) is proud to be an independent, not-for-profit educational organization. Through the efforts of our faculty, staff, parent body, and Board of Directors, we ensure the families, and most importantly, our students with brain injury and brain-based disorders have access to a highly specialized educational opportunity based on the individual needs of each student.

- ☐ I would like to be an **Underwriter** for \$20,000. Includes 15 Cruise tickets, a full page ad on the back cover of the event program, formal recognition on the cruise, a speaking opportunity on the cruise and a tour of the iBrain facility for a group of 5.
- ☐ I would like to be a **Guardian** for \$10,000. Includes 10 Cruise tickets, a full page ad on the inside front cover of the event program and formal recognition on the cruise.
- ☐ I would like to be a **Benefactor** for \$5,000. Includes 5 Cruise tickets, a full page ad in the event program and formal recognition on the cruise.
- ☐ I would like to be a **Sponsor** for \$2,000. Includes 3 Cruise tickets and a half page ad in the event program.
- ☐ Please reserve tickets @ **\$150** for _____ guests.
- ☐ Though I cannot attend, I am pleased to enclose my contribution of \$_____

EVENT PROGRAM ADS:

☐ Full Page - \$1000

☐ Half Page - \$600

Name _____

Title _____

Company/Union _____

Contact Person _____

Address _____

Tel. _____

Fax _____

City _____

State _____

Zip _____

Email _____

PROGRAM SPECS:

Half page color: 5.5"w x 4.125"h, PDF

Full page color: 5.5"w x 8.5"h, PDF

Email to: Lucy@iBrainnyc.org

AD DEADLINE: SEPT. 10, 2022

FORM OF PAYMENT

Make checks payable to: **iBrain**

☐ Bill me for \$_____ ☐ Check enclosed for \$_____

Credit card payment: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

Name _____

Acct. # _____

Exp. Date _____

MAIL TO: iBRAIN 311 East 94th Street, Manhattan, New York, New York 10128

For more info contact Lucy Walters: **Lucy@iBrainnyc.org | 305-300-5763**