



*Doors open at 12:30PM - Event 1:00PM - 5:00PM*

## *Sponsorship Opportunities*

### ❖ *\$7,500 Convention Hall Sponsor*

- Your name on: welcome banner, website, acknowledgement of sponsorship in press release, social media, logo on t-shirt, print materials, and event signs.
- Logo on our grand entrance step and repeat/purple carpet.
- Exclusive location for your company banner.
- Exhibitor table with chairs provided.
- 10 tickets to the event.

### ❖ *\$5,000 Tillie Sponsor*

- Your name on: welcome banner, website, acknowledgement of sponsorship in press release, social media, logo on t-shirt, print materials, and event signs.
- Premier location for your company banner.
- Exhibitor table with chairs provided.
- 8 tickets to the event.

### ❖ *\$2,500 Carousel Sponsor*

- Your name on: welcome banner, website, acknowledgement of sponsorship in press release, social media, logo on t-shirt, print materials, and event signs.
- Exhibitor table with chairs provided.
- 4 tickets to the event.

### ❖ *\$1,500 Stone Pony*

- Your name on event signs and website.
- Exhibitor table with chairs provided.
- 2 tickets to the event.

### ❖ *\$750 Painted Pony*

- Your name on event signs and website.

***For more information, contact Jacqui Moskowitz, Director of Resource Development  
@ (800) 336-5843 ext. 220 or [jmoskowitz@epilepsynj.org](mailto:jmoskowitz@epilepsynj.org)***



**Yes, you can count on us to support the 8<sup>th</sup> Annual Paint the Pony Purple event.**

**Please Check Level of Sponsorship:**

- \$7,500 Convention Hall Sponsor*
- \$5,000 Tillie Sponsor*
- \$1,500 Stone Pony*
- \$2,500 Carousel Sponsor*
- \$750 Painted Pony*

**Company** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Address** \_\_\_\_\_

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

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Form of Payment**  
**Name as it appears on credit card** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Check Enclosed**  **Visa**  **MasterCard**  **American Express**  **Other**

**Card#** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_ **CVV#** \_\_\_\_\_

**Billing address same as mailing address—if different, please provide billing address**

\_\_\_\_\_

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**Please return form and make payment to:**  
**Epilepsy Services New Jersey**  
**1 AAA Drive, Suite 203**  
**Trenton, NJ 08691**

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