



SIXTH ANNUAL

PLAYING FOR THE CURE:  
**BRAINSTORMIN'**

START TIME: 6:30 PM // FRIDAY, SEPTEMBER 20, 2019 // STONY CREEK BREWERY, BRANFORD, CT

**ABOUT THE EVENT**

**JOIN THE CONNECTICUT BRAIN TUMOR ALLIANCE, INC. ("CTBTA") AND THE CUSANO FAMILY FOR THE SIXTH ANNUAL PLAYING FOR THE CURE: BRAINSTORMIN'.**

This special event brings together local musicians for a fun evening at Stony Creek Brewery in Branford, CT to support the CTBTA. The CTBTA is a 501(c)(3) non-profit organization dedicated to providing hope and support to brain tumor patients and caregivers, while advancing brain tumor awareness, quality of care, and brain tumor research.

**COMPLETE ONLINE AT**  
[www.CTBTA.org/events](http://www.CTBTA.org/events)

**MAIL OR E-MAIL COMPLETED FORM TO:**  
Connecticut Brain Tumor Alliance, Inc.  
P.O. Box 370514 West Hartford, CT 06137  
Please make check payable to "CTBTA"

**CONTACT:**  
Chris Cusano and Scott Hickling  
at Powered by Professionals  
[shickling@poweredbyprofessionals.com](mailto:shickling@poweredbyprofessionals.com)  
646-779-1145



	<b>Presenting Sponsor</b> (\$10,000)	<b>Platinum Sponsor</b> (\$5,000)	<b>Gold Sponsor</b> (\$2,000)	<b>Silver Sponsor</b> (\$1,000)	<b>Bronze Sponsor</b> (\$500)
Complementary Tickets	X (8)	X (4)	X (2)		
Lead billing as Presenting Sponsor	X				
Recognition by host during the event	X	X	X	X	
Recognition in all media, press releases, newspaper and TV advertising, when available.	X	X	X		
Social Media Marketing	X	X	X	X	
Opportunity to provide company information to patrons	X	X	X		
Company name and logo on website	X	X	X	X	X
Company name on signage at event	X	X	X	X	X

# RESERVATION FORM



Sponsorship forms must be returned/submitted by Sept. 6<sup>th</sup> to ensure logo placement on materials.

## SPONSORSHIP OPPORTUNITIES

\_\_\_\_ PRESENTING SPONSOR: \$10,000.00 \_\_\_\_

\_\_\_\_ PLATINUM SPONSOR: \$5,000.00 \_\_\_\_

\_\_\_\_ GOLD SPONSOR: \$2,000.00 \_\_\_\_

\_\_\_\_ SILVER SPONSOR: \$1,000.00 \_\_\_\_

\_\_\_\_ BRONZE SPONSOR: \$500.00 \_\_\_\_

\_\_\_\_ FRIENDS: \_\_\_\_

## CONTACT INFORMATION:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

NUMBER OF TICKETS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIPCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## PAYMENT INFORMATION:

Check Enclosed

Credit Card

Paid Online

American Express

Mastercard

Visa

NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE (MM/YYYY): \_\_\_\_\_

SECURITY CODE (CVV): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIPCODE: \_\_\_\_\_

All payments and completed forms should be returned to:

Connecticut Brain Tumor Alliance, Inc.  
P.O. Box 370514 | West Hartford, CT 06137  
Please make check payable to "CTBTA"



Sponsorship forms must be **RETURNED/SUBMITTED BY SEPT. 6<sup>TH</sup>** to ensure logo placement on materials. Sponsorships are welcome after Sept. 6<sup>th</sup>, logo placement may not be guaranteed.