



SEVENTH ANNUAL

**PLAYING FOR THE CURE:
BRAINSTORMIN'**

START TIME: 6:30 PM // THURSDAY, SEPTEMBER 10, 2020 // STONY CREEK BREWERY, BRANFORD, CT & VIRTUAL

ABOUT THE EVENT

The 7th annual “Playing for the Cure: Brainstormin’” fundraiser concert at Stony Creek Brewery in Branford, CT. This is always a sold out event featuring live music, great beer, food trucks and more with the CTBTA and Cusano family. There will also be virtual options to enjoy the evening this year. Join us for an unforgettable night and raise a glass with us as we fight to find the cure and honor the life and memory of June Rice.

COMPLETE ONLINE AT
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
Chris@ctbta.org
860-264-5776

- OR -

Scott Hickling
shickling@poweredbyprofessionals.com
646-328-1698



	Presenting Sponsor SOLD OUT (\$10,000)	Platinum Sponsor (\$5,000)	Gold Sponsor (\$2,500)	Silver Sponsor (\$1,000)	Bronze Sponsor (\$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, and materials that are sent to virtual participants.	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 **Aug. 27th** to ensure logo placement on ALL materials, and **Sept. 6th** to ensure logo placement on DIGITAL materials.

SPONSORSHIP OPPORTUNITIES

____ PRESENTING SPONSOR: \$10,000.00 ____

SOLD OUT

____ PLATINUM SPONSOR: \$5,000.00 ____

____ GOLD SPONSOR: \$2,500.00 ____

____ SILVER SPONSOR: \$1,000.00 ____

____ BRONZE SPONSOR: \$500.00 ____

____ FRIENDS: ____

CONTACT INFORMATION:

NAME: _____

TITLE: _____

COMPANY: _____

NUMBER OF TICKETS: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE: _____

EMAIL: _____

PAYMENT INFORMATION:

Check Enclosed

Credit Card

Paid Online (<https://ctbta.rallybound.org/Brainstormin>)

American Express

Mastercard

Visa

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRATION DATE (MM/YYYY): _____

SECURITY CODE (CVV): _____

BILLING ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

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 AUG. 27th** to ensure logo placement on ALL materials.
Sponsorship forms must be **RETURNED/SUBMITTED BY SEPT. 6th** to ensure logo placement on DIGITAL materials.
Sponsorships are welcome after Sept. 6th, logo placement may not be guaranteed.