



Seize the Wave

Tuesday, July 26, 2022

37th Street Beach, 3700 Landis Ave

Sea Isle City, NJ 08243

\$2,500 Heritage Sponsor*

Sponsor's name & logo prominently placed on our website as the Surf Sponsor. Sponsor's name and logo on Seize the Wave event main page as the Surf Sponsor. Sponsor receives a standard exhibitor set ups with table and chairs. We encourage exhibitors to bring a company logo tablecloth. Your promotional items are permitted at your table. Sponsor's logo on Schedule of Events for Seize the Wave.

\$1,500 Tass Sponsor*

Sponsor's name and logo listed on our website as the Activity Sponsor. Sponsor's name and logo on the Seize the Wave event main page as the Activity Sponsor. Sponsor receives a standard exhibitor set ups with table and chairs. We encourage exhibitors to bring a company logo tablecloth. Your promotional items are permitted at your table. Sponsor's logo on Schedule of Events for Seize the Wave.

\$1,000 T-shirt Sponsor

This sponsorship includes name on all event collateral, company name on event t-shirt and listing on Epilepsy Services of NJ website with link to your company website.

\$650 Exhibitor

Standard vendor exhibit table set up with table and chairs. We encourage exhibitors to bring a company logo tablecloth. Your promotional items are permitted at your table.

\$500 Food Sponsor

Sponsor's logo on Schedule of Events for Seize the Wave.

*Heritage Surf Shop & Tass Remodeling are instrumental partners to the Seize the Wave event

Contact: Jennifer Gleason

jgleason@epilepsynj.org | 800-336-5843 | www.epilepsyservicesnj.org



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Sponsorship Commitment Form

Yes, we will support Epilepsy Services of NJ by sponsoring Seize the Wave.
Please complete the following information:

Check Level of Sponsorship:

- Heritage Sponsor \$2,500
 Tass Sponsor \$1,500
 T-Shirt Sponsor \$1,000
 Exhibitor \$650
 Food Sponsor \$500
 I cannot make the day, but I'd like to donate: \$ _____

Company _____

Contact Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Form of Payment

- Check Enclosed
 Visa
 Mastercard
 American Express
 Other

Card# _____ Expiration Date _____ CCV# _____

Billing Address same as mailing address - if different, please provide billing address:

Signature _____ Date _____

Please return form and payment by 7/8/22 to: Epilepsy Services of NJ, 50 Millstone Rd,
Building 300, Suite 201, East Windsor, NJ 08520.

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