



DISPLAY BOOTH PARTNER

This opportunity will allow your company to have a 6 ft. Display Table with two representatives at the Summer Stroll for Epilepsy™ location of your choice (Midland, Kalamazoo County , Lansing, Metro Detroit, Grand Rapids), providing an opportunity to display materials and give out promotional items representing your company.

Price varies by location:

- Dow Diamond, Midland (May 20, 2017): \$350
- Celery Flats, Kalamazoo County (June 3, 2017): \$300
- Potter Park, Lansing (June 10, 2017): \$300
- Detroit Zoo, Metro Detroit (June 24, 2017): \$650
- John Ball Zoo, Grand Rapids (July 15, 2017): \$400

What your company receives:

- Company Logo placement on Stroll path of the Summer Stroll for Epilepsy™
- Verbal mention by Grand Marshal at the Summer Stroll for Epilepsy™
- Free admission for up to two (2) representatives to man your company's table at the Summer Stroll for Epilepsy™

Why partner with us?

We want to suit the needs of your company as you consider partnering with the Epilepsy Foundation of Michigan. The Summer Stroll for Epilepsy™ is an inspirational morning walk with a very loyal following. The Stroll will bring together over 2,500 people, all of whom have a connection to epilepsy. Please join us and let us promote you as one of our generous partners! If you have any questions, concerns, or would like to see adjustments made to a level, please don't hesitate to contact Andrea Schotthoefer at (800) 377-6226 ext. 1231 or aschott@epilepsymichigan.org

Please return Agreement form and payment information to:

Epilepsy Foundation of Michigan

Attn: Andrea Schotthoefer

25200 Telegraph Road, Suite 110, Southfield, MI 48033

P: (800) 377-6226, ext. 1231 F: 248-351-2101 E: aschott@epilepsymichigan.org

Display Booth Partner Agreement

Please check your selected booth location(s):

- Midland (\$350) – May 20, 2017
- Kalamazoo (\$300) – June 3, 2017
- Lansing (\$300) – June 10, 2017

- Detroit (\$650) – June 24, 2017
- Grand Rapids (\$400) – July 15, 2017
- ALL LOCATIONS (\$2,000) eligible for logo inclusion on Stroll t-shirt (contact us for print deadline)

Company: _____

Contact Name: _____

Address: _____

(City) (State) (Zip code)

Email: _____

Phone Number: () _____

Signature

PAYMENT INFORMATION

- Check payable to the Epilepsy Foundation of Michigan is enclosed.
- Credit Card Authorization below is completed.
- Please send me an invoice.

Credit Card Authorization Form

Name on Card: _____

Billing Address: _____

(City) (State) (Zip code)

Email

(if electronic receipt is desired): _____

Phone Number: () _____

Credit Card Type: Visa MasterCard American Express _____

Credit Card Number: _____

Amount to Charge: \$ _____

Expiration Date: _____

I hereby authorize for this credit card to be charged for the above listed amount.

Signature