

# Third-Party Event Registration Form

Submit the completed form by email to [development@biausa.org](mailto:development@biausa.org) or by fax to 703-761-0755.

## Event Contact Information

Contact Name: \_\_\_\_\_

Sponsoring Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## About the Event

Proposed Event Name: \_\_\_\_\_ Est. Attendance: \_\_\_\_\_

Date(s) and time(s): \_\_\_\_\_ Venue: \_\_\_\_\_

## Detailed Description of Event

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### Will BIAA receive 100% of the net proceeds?

YES \_\_\_\_\_ NO \_\_\_\_\_ If no, what % of the proceeds will BIAA receive? \_\_\_\_\_

### How will you generate donations?

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### Why did you choose BIAA as your event beneficiary?

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## Agreement

*I have reviewed the Fundraising Guidelines and will adhere to the Brain Injury Association of America's requirements. I acknowledge that the Brain Injury Association of America is a beneficiary of this event and not a sponsor. I also understand that the Brain Injury Association of America will not be held liable for any injuries or damages that may occur at this event as well as event costs.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date