

SPONSORSHIP OPTIONS

Exclusive Event Sponsor \$50,000

SPONSOR BENEFITS	<i>Premier Event Sponsor</i> \$25,000	<i>Event Sponsor</i> \$15,000	<i>Tribute Sponsor</i> \$10,000	<i>Friend Sponsor</i> \$5,000
Recognition in Tribute Video Media Presentation	Name & Logo	Name & Logo	Name & Logo	Name
Tribute Book Ad Page	Premium Double	Premium Double	Double	Full
Tribute Dinner # of Guests	20	10	10	6
Recognition in Dinner Invitation	★	★	★	★
Premium Seating Limited Availability	★	★		
Special Press Release	★			
Year-Long Prominent Website Acknowledgement	★			

One exclusive sponsorship is available for \$50,000. Please call Stephanie Wilson at 818-837-3775 ext. 121 to create your tailored sponsorship.

Tribute Book Ad Pages

The preferred format for ads will be press quality PDF with CMYK color only at 300dpi. Ads can be created high resolution PDF using Adobe InDesign, Adobe Illustrator, Adobe Photoshop, or QuarkXpress. Please Do Not Send Word or Publisher files, only PDF's accepted.

Deadline to send your high res PDF ad for program book is April 20, 2018 to: msakamoto@picf.org.

Benefactor Page \$5,000 7-7/8" W x 7-5/8" H Premium Ad Placement Recognition in Video Presentation	Guardian Page \$2,500 7-7/8" W x 7-5/8" H Premium Ad Placement	Full Page \$1,000 7-7/8" W x 7-5/8" H	Half Page \$750 7-7/8" W x 3-3/4" H	Quarter Page \$500 3-7/8" W x 3-3/4" H
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Beverly Hilton
9876 Wilshire Blvd
Beverly Hills, CA 90210

June 4, 2018

Sponsorship Registration

Please Check Sponsorship of Choice

Premier Sponsor \$25,000

Benefactor Ad Page \$5,000

Event Sponsor \$15,000

Guardian Ad Page \$2,500

Tribute Sponsor \$10,000

Full Ad Page \$1,000

Friend Sponsor \$5,000

Half Ad Page \$750

Individual Tickets \$350 # _____

Quarter Ad Page \$500

Please return this form to:

2018 Vision & Excellence Tribute Dinner Attn: Mark Sakamoto msakamoto@picf.org

732 Mott St., Ste. 150, San Fernando, CA 91340 818-837-3775 ext. 135, Fax: 818-837-0747

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Enclosed is my check for \$ _____ Please make payable to: **Partners in Care Foundation**

Credit Card: _____ Exp Date: _____ Amount: _____

Name on Card: _____ Signature: _____

Credit Card Billing Address: _____