



SPONSORSHIP LEVELS – 2010

\$5,000 – Gold Sponsor

- Premier Recognition in promotional materials (invitations and ads)
- Prominent company logo placement on the website as a Presenting Sponsor, PLUS link to company website
- Company listed as a sponsor in the event program booklet
- Complimentary full page color ad in event program booklet
- Company recognition during silent auction (mention by MC)
- On screen recognition during silent auction and video presentation
- Company name included in all press releases as the Presenting Sponsor
- VIP seating for 10 guests with sponsor name prominently displayed
- Post recognition in print materials and website
- Exclusive limited edition thank you gift for 10 guests

\$2,500 – Silver Sponsor

- Recognition in promotional materials (invitations and ads)
- Company name on the website as a sponsor
- Company listed as a sponsor in the event program booklet
- Complimentary half page ad in event program booklet
- Company recognition during silent auction (mention by MC)
- Reserved seating for 10 guests with sponsor name prominently displayed
- Post recognition in print materials and website

\$1,250 – Bronze Sponsor

- Company name on the website as a sponsor
- Company listed as a sponsor in the event program booklet
- Seating for 6 guests with sponsor name prominently displayed
- Post recognition in print materials and website

Advertising Only – “Signature Purse Sized Program”

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|--|-------|
| • Full page, ad (5.0” x 8.25”) | \$500 |
| • Half page, horizontal ad (4.5” x 3.5”) | \$250 |
| • Business Card Sized Ad | \$150 |

***DEADLINE FOR INCLUSION IN INVITATION IS FEBRUARY 4, 2010**

****DEADLINE FOR ADS FOR INCLUSION IN EVENT PROGRAM BOOKLET IS MARCH 10, 2010**

Submit color ads in pdf, jpeg, Illustrator or Photoshop format and acceptable for print materials. Email ad to: dackerman@bouldercityhospital.org



2010 Sponsorship Reservation Form

Date: _____

Name: _____

Company Name (if applicable): _____

Company Contact Name & Title (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Please designate your sponsorship level below:

_____ \$5,000 Gold _____ \$2,500 Silver Sponsor

_____ \$1,250 Bronze Sponsor _____ \$100 Individual Ticket

_____ I am unable to attend. Enclosed is my contribution of \$_____

Type of payment (circle one):

Check: Please make check payable to The Boulder City Hospital Foundation

Credit Card: VISA MasterCard Discover American Express

Credit Card Number: _____ Expiration Date: _____

Your Name as is appears on the card: _____

Signature: _____

Mail or fax sponsorship form to:
Boulder City Hospital Foundation
901 Adams Boulevard
Boulder City, NV 89005
Fax: 702-293-0430