

Epilepsy Association Gala

The Ritz- Carlton ♦ Friday, November 11, 2011

Corporate Table Sponsor Benefits:

	Signature Sponsor \$7,500	Platinum Sponsor \$5,000	Gold Sponsor \$2,750
Complimentary Parking, Cocktails, Hors d'oeuvres, Dinner, & Dancing	VIP Seating One Table (12 guests)	Premier Seating One Table (12 guests)	Preferred Seating One Table (10 guests)
Advertisement in the Program Book	2 Page Spread	Full Page	½ Page
Company Listing in the Program Book	Logo	Logo	Name
Company Recognition on Agency Website and Recognition in Annual Report	Yes	Yes	Yes
Listing in Marketing Materials	Listing as "Signature Sponsor" with logo	Logo	Name
Podium Recognition	Yes	Yes	Yes
Bottle of Champagne Served at your Table	Yes	Yes	No
Company Representative to speak at podium	Yes	No	No
Exclusive Sponsor of the Event	Yes	No	No
Distribution Rights of Promotional Items and/or Attendee Gifts	Yes	Yes	No
Company Named on Projection Screen during Event Program	2 slides with name, logo, and company information	1 slide with name and logo	Name listed and logo listed on sponsor slide
Table Signage at the Event	Yes	No	No

FLORAL TABLE ARRANGEMENT SPONSORSHIP

\$100 floral table arrangement (tax deductible \$40)

- Company name and logo placed in the arrangement
- Listing in the program book

INDIVIDUAL SPONSORSHIP

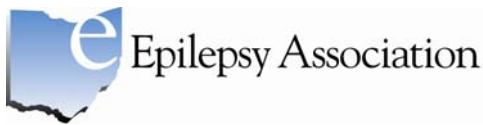
\$250 individual ticket - Seating for 1 Guest

- Premiere listing in the program book
- Recognition in the Epilepsy Association Annual Report
- Elegant dinner and dancing at The Ritz-Carlton
- Cocktails and hors d'oeuvres
- Secured valet parking

\$175 individual ticket - Seating for 1 Guest

- Recognition in the Epilepsy Association Annual Report
- Elegant dinner and dancing at The Ritz-Carlton
- Cocktails and hors d'oeuvres
- Secured valet parking

Confirmation of corporate sponsorship before Friday, June 3 will guarantee an elegant favor for each guest



Epilepsy Association

2011 Gala Response Form

Friday, November 11, 2011

Contact: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____

I. Select Level of Support:

- Corporate Table Sponsor:
_____ \$7,500 Table of 12 (\$6,480 tax deductible)
_____ \$5,000 Table of 12 (\$3,970 tax deductible)
_____ \$2,750 Table of 10 (\$1,890 tax deductible)
- Floral Table Arrangement Sponsor:
_____ \$100 per arrangement (\$40 tax deductible)
- Individual Sponsor (price per ticket):
_____ \$250 per person (\$165 tax deductible)
_____ \$175 per person (\$90 tax deductible)
- Table Host/Hostess:
_____ I agree to fill a table of 10 (each guest will pay for his/her own ticket)
- **I am unable to attend, but I wish to make a donation of \$ _____.**

II. Select Method of Payment:

- Enclosed is my check in the amount of \$ _____
- Please charge my (check one) Mastercard Visa
Account # _____ Expiration Date: _____
Amount to be billed to account: \$ _____
Signature: _____ Date: _____

Please make checks payable to the Epilepsy Association.

Return response sheet with your payment information to:

Epilepsy Association • Attention: Gala • 2831 Prospect Avenue • Cleveland, OH 44115-2606

III. Corporate Sponsors, \$250 level Individual Sponsors, or Table Hosts/Hostesses:

- Please indicate below how you would like to be listed in the program book:
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