

SPONSORSHIP OPPORTUNITIES



SATURDAY, JULY 20, 2013 • STRAZ CENTER • MORSANI HALL • 7-11 P.M.
BENEFITTING MOFFITT'S ADVANCED PROSTATE CANCER COLLABORATION

PRESENTING SPONSOR



| | |
|--------------------------|---|
| VIP SPONSOR - \$10,000 | 16 event tickets (Includes VIP access) Full page ad in program Recognition as VIP party sponsor Ability to provide promotional items at event Recognition in event marketing efforts Invitation to sponsor party from 5:30- 7 p.m. |
| GOLD SPONSOR - \$5,000 | 8 event tickets (Includes VIP access) Half page ad in program Ability to provide promotional items at event Recognition in event marketing efforts Invitation to sponsor party from 5:30- 7 p.m. |
| SILVER SPONSOR - \$2,500 | 4 event tickets (Includes VIP access) Recognition in select marketing efforts Quarter page ad in program Limited recognition and signage at event Invitation to sponsor party from 5:30- 7 p.m. |
| BRONZE SPONSOR - \$1,000 | 2 event tickets (Includes VIP access) Recognition in select marketing efforts Quarter page ad in program Limited recognition and signage at event Invitation to sponsor party from 5:30- 7 p.m. |
| PROGRAM ADS | Inside front cover - 5.5" x 8.5 - \$2,250 Full page - 5.5" x 8.5 - \$1,500 Half page - 5.5" x 4.5" - \$750 Quarter page - 2.25" x 4.25" - \$500 |

All ads are color and non-bleed. For ad copy we encourage high-resolution (300 dpi) PDF, TIFF, or EPS files with fonts embedded. CD's along with hard copy of finished art are preferred. Or e-mail zipped to CLilburn@alltrustinsurance.com if under 6MB. If you would like us to design your ad, please attach copy and any instructions to Corey Lilburn 2965 Alternate 19 • Palm Harbor, FL 34683 • Tel: 727.204.9848 • CLilburn@alltrustinsurance.com

The deadline for the Martinis for Moffitt event program is July 1, 2013

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PAYMENT FORM

- Enclosed is a check in the following amount \$ _____
- Please charge my credit card in the following amount \$ _____ Visa AMEX Mastercard
- We regret that we are unable to attend, but would like to make a donation in the amount of \$ _____

Credit Card Number _____ Exp. _____

Signature _____

Name: _____ Company (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Please indicate how you wish to be listed in printed materials _____

Send payment form and check to: Bay Area Advisors, Inc. • 2965 Alternate 19 • Palm Harbor, FL 34683

www.BayAreaAdvisors.com • www.MartinisforMoffitt.org • Tel: 727.204.9848 • Tax ID# 56-2633532

Please send program ads or artwork to Corey Lilburn at CLilburn@alltrustinsurance.com
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