



COMMUNITY HEALTH LAW PROJECT

# Ann Klein

ADVOCATE AWARDS

## 2023 MAJOR SPONSORSHIPS

Please check box for level of sponsorship

\$10,000	<b>PLATINUM SPARKLE SPONSORSHIP</b> <ul style="list-style-type: none"> <li>VIP acknowledgement at the event</li> <li>Full page color advertisement in digital journal</li> <li>Press release, name/logo included in all advertisement</li> <li>Table of 10</li> </ul>	<input type="checkbox"/>
\$7,500	<b>GOLD SPARKLE SPONSORSHIP</b> <ul style="list-style-type: none"> <li>6 complimentary tickets to the event</li> <li>Full page color advertisement in digital journal</li> <li>Press release, name/logo included in all advertisement</li> </ul>	<input type="checkbox"/>
\$5,000	<b>SILVER SPARKLE SPONSORSHIP</b> <ul style="list-style-type: none"> <li>4 complimentary tickets to the event</li> <li>Full page color advertisement in digital journal</li> <li>Press release, name/logo included in all advertisement</li> </ul>	<input type="checkbox"/>
\$2,500	<b>BRONZE SPARKLE SPONSORSHIP</b> <ul style="list-style-type: none"> <li>2 complimentary tickets to the event</li> <li>Full page color advertisement in digital journal</li> <li>Press release, name/logo included in all advertisement</li> </ul>	<input type="checkbox"/>

### SPONSOR INFORMATION

NAME/COMPANY \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_ CONTACT EMAIL \_\_\_\_\_

CHECK (Please make checks payable to CHLP)

VISA/MASTERCARD

NAME ON CREDIT CARD \_\_\_\_\_ CREDIT CARD # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_