

SPONSORSHIP FORM:

SPONSORSHIP OPPORTUNITIES

- PRESENTING* \$100,000
- CO-PRESENTING \$50,000
- PLATINUM \$25,000
- GOLD \$15,000
- SILVER \$10,000
- BRONZE \$5,000

ADDITIONAL OPPORTUNITIES

- TABLE HOST **SOLD OUT** \$3,000
- INDIVIDUAL TICKET **Few tickets left** \$295
- I WOULD LIKE TO SPONSOR THE ATTENDANCE OF AN OSTEOPATHIC MEDICAL STUDENT \$295

Regrettably, I am unable to attend the event but would like to make an unrestricted contribution of \$_____

UNDERWRITING OPPORTUNITIES

- AFTER HOURS SPONSOR \$30,000
- COCKTAIL RECEPTION SPONSOR \$20,000
*PRESENTING SPONSOR RECEIVES THE RIGHT FOR COCKTAIL RECEPTION EXCLUSIVITY
- VIDEO PRODUCTION \$28,000
- DINNER WINE \$20,000
- DECOR \$17,500
- AUDIO-VISUAL \$15,000
- LIVE ENTERTAINMENT \$14,000
- PHOTOGRAPHY \$6,000
- RECIPIENT AWARDS \$3,000

TRIBUTE BOOK ADVERTISEMENTS

- FULL PAGE, FOUR COLOR AD \$1,750
- FULL PAGE, B&W AD \$1,250
- HALF PAGE, FOUR COLOR AD \$1,000
- HALF PAGE, B&W AD \$750

ENHANCE MISSION IMPACT

I would like to make a 100% tax deductible contribution to the AOF of \$_____ to increase mission impact in **(PLEASE CHOOSE ONE):**

- SCHOLARSHIPS & AWARDS
 RESEARCH
 OUTREACH
 ALL AOF INITIATIVES

PAYMENT FORM:

INDIVIDUAL/COMPANY NAME:

BILLING ADDRESS:

SUITE:

CITY:

STATE:

ZIP:

CONTACT NAME AND TITLE FOR PUBLICATION:

PHONE:

EMAIL ADDRESS:

CARDHOLDER NAME:

CREDIT CARD #:

EXP. DATE (MM/YY):

CCV: