

☐ Platinum Sponsor – \$10,000

Premier seating for up to 2 tables (20 people), corporate logo printed in Program Book, full-page, colored, prominently positioned ad in Program Book, acknowledgment on the stage, prominent recognition on event signage, prominent listing in all printed material, recognition on VHLA website.

☐ Gold Sponsor – \$5,000

Seating for up to 1 table (10 people), full-page, black and white, prominently positioned ad in Program Book, prominent listing in all printed material, recognition on VHLA website.

☐ Silver Sponsor – \$2,000

Seating for up to 1 table (10 people), full-page, black and white ad in Program Book, recognition on VHLA website.

☐ Bronze Sponsor – \$1,000

Seating for up to 1/2 table (5 people), half-page, black and white ad in Program Book, recognition on VHLA website.

☐ Table Host – \$1,250

Seating for up to 10 people, sponsor listing in Program Book.

☐ Individual seat – \$125 × _____

For Auction Item donations, contact us at office@vhl.org

YES, I would like to purchase an ad or message in the Dinner Program Book!

PLEASE CHECK THE SIZE AD YOU WOULD LIKE TO PURCHASE

Size	Dimensions W×L	Cost
<input type="checkbox"/> Full page ad (prominently positioned, color)	4.25"×7"	\$2,000
<input type="checkbox"/> Full page ad (prominently positioned, B&W)	4.25"×7"	\$1,000
<input type="checkbox"/> Full page ad (B&W)	4.25"×7"	\$400
<input type="checkbox"/> Half page ad (B&W)	4.25"×3.25"	\$200
<input type="checkbox"/> Quarter page ad (B&W)	2.15"×3.25"	\$100
<input type="checkbox"/> 3-lines of individualized well wishes		\$50
<input type="checkbox"/> Name on list of well wishers		\$25

Kindly submit images in pdf or camera-ready 300-dpi format. Please send three-line messages on a separate sheet or via email with a 100-character maximum. Advertisements will be accepted until 9/16/2014 by mail or at office@vhl.org.

PLEASE SEAT US WITH _____

R.S.V.P. by September 23, 2014

Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

☐ PLEASE CHARGE PAYMENTS TO MY ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Card Number _____ Exp. Date: _____

Name on card _____

Billing address if different _____

City _____ State _____ Zip _____

Signature _____

☐ Unable to attend. Please accept tax-deductible donation for: \$ _____

Number of Guests _____ Total Enclosed \$ _____

For tax purposes, \$45 of each ticket is tax deductible. EIN: #04-3180414