



Pediatric Therapy Network

Chef Shafer's Depot Presents The 16th ANNUAL HALLOWEEN BALL Sunday, October 16, 2011

SPONSORSHIP OPPORTUNITIES

SPIRIT OF GENEROSITY..... \$25,000

- Premiere name recognition in press releases, media advertising and marketing materials, including post event thank you ad
- Sponsor name and logo on invitation & event program*
- Preferred placement of a full page ad in event program and logo on program cover
- Premiere entrance signage recognizing sponsor name and logo
- Premiere dinner area wall signage recognizing sponsor name and logo
- Introduction onstage during the event.
- Twenty event tickets and two VIP reserved tables, identified with sponsor name & logo
- Acknowledgment in PTN e-newsletter
- Sponsor logo and web link on PTN website
- Commemorative gift

SPIRIT OF HUMANITY\$10,000

- Name recognition in press releases, media advertising & marketing materials, including post event thank you ad
- Sponsor name and logo on invitation & event program*
- Full page ad in event program
- Entrance signage to include sponsor name and logo
- Dinner wall signage to include sponsor logo
- Introduction onstage during the event.
- Ten event tickets and one VIP reserved table, identified with sponsor name and logo
- Acknowledgment in PTN e-newsletter
- Sponsor logo and web link on our website

SPIRIT OF CARING\$5,000

- Sponsor name and logo listed in event program*
- Entrance signage to include sponsor logo
- Dinner wall signage to include sponsor logo
- Ten entry tickets and a reserved table identified with the sponsor name and logo
- Acknowledgment in PTN e-newsletter
- Sponsor logo and web link on our website

SPIRIT OF FRIENDSHIP..... \$2,500

- Sponsor name listed in event program, on entrance signage and included in post event thank you ad *
- Ten entry tickets and a reserved table identified with sponsor name and logo
- Acknowledgment in PTN e-newsletter
- Sponsor logo and web link on our website

TABLE HOST\$1,500

- Host name listed in event program
- Ten event tickets and a reserved table identified with host's name
- Acknowledgment in PTN e-newsletter

**Please note that recognition in printed materials is contingent upon receiving sponsorship by:
August 15th for invitation
September 25th for other*

Business or Individual: _____
 Contact Name: _____
 Street Address: _____ City/State/Zip: _____
 Phone: _____ Email _____ Fax: _____
 Please find my check enclosed. Please charge my credit card.

Name on card: _____ Card type (circle one): MC VISA DI AX
 Credit Card Number: _____ Expiration date: _____
 Donation Amount: \$ _____
 Authorized signature: _____

For information contact Pediatric Therapy Network, Debbie DiBiase, Development Office, 310-328-0276 ext 218 or debbied@ptnmail.org or visit our website www.PediatricTherapyNetwork.org
Mail to PTN, 1815 West 213th Street, Suite 100, Torrance, CA 90501
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