



Sponsorship Form

2018 SPONSORSHIP DEADLINE:
FRIDAY, SEPTEMBER 7, 2018

I/My company would like to become a sponsor* of the event:

- Presenting Sponsor - \$25,000* **SOLD**
- Auction Sponsor - \$10,000* **SOLD**
- Gold Sponsor - \$5,000*
- Exhibition Sponsor - \$20,000*
- Dinner Sponsor - \$10,000*
- Exhibition Wall Sponsor - \$2,500*
- Preview Reception Sponsor - \$15,000*
- Platinum Sponsor - \$7,500*

** All sponsor levels include a program book advertisement.*

Name _____

Corporation/Business name _____

Address _____

City _____ State _____ Zip _____

Home phone _____

Work phone _____

Fax _____ Email _____

Method of payment:

Enclosed is my check payable to: **Bryn Mawr Rehab Hospital**

AMEX Discover Mastercard VISA

Cardholder's name _____

Card number _____

Exp. date _____ Security code _____

Signature _____ Date _____

For more information: 484.596.5614 or keoughm@mlhs.org.

Ads will print to the edge of the page. Please supply ads in greyscale with crop marks with bleed set, in high resolution/300 dpi, jpg, or pdf.



Program Book Ad Form

2018 AD MATERIAL DEADLINE:
FRIDAY, SEPTEMBER 7, 2018

I/My company would like to place an ad in the program book:

- Full-page ad - \$1,000*
8" w x 8" h | black and white
- Half-page ad - \$500*
8" w x 3.875" h | black and white
- Quarter-page ad - \$250*
3.875" w x 3.875" h | black and white

Name _____

Corporation/Business name _____

Address _____

City _____ State _____ Zip _____

Home phone _____

Work phone _____

Fax _____ Email _____

Method of payment:

Enclosed is my check payable to: **Bryn Mawr Rehab Hospital**

AMEX Discover Mastercard VISA

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