

INSTITUTE FOR THE ADVANCEMENT OF MULTICULTURAL & MINORITY MEDICINE
Awards Benefit Gala
The Fairmont Hotel
Washington, DC

Tuesday, September 23, 2008

SPONSORSHIP CONFIRMATION FORM

- | | |
|--|---|
| <p><input type="checkbox"/> Diamond Sponsorship Package
\$100,000</p> <ul style="list-style-type: none">• VIP Reception• Listed in all marketing materials• Exclusive photo opportunities with celebrities and awardees• Exclusive interview with local broadcast network• Back cover ad in program booklet• Four tables (of 10) at the gala• Website and Exhibit listing for one year | <p><input type="checkbox"/> Silver Sponsorship Package
\$10,000</p> <ul style="list-style-type: none">• Listed in all marketing materials• Full-page ad in program booklet• One table (of 10) at the gala |
| <p><input type="checkbox"/> Platinum Sponsorship Package
\$50,000</p> <ul style="list-style-type: none">• VIP Reception• Listed in all marketing materials• Photo opportunities with celebrities and awardees• Full-page ad inside program booklet• Three tables (of 10) at the gala• Website and Exhibit listing for one year | <p><input type="checkbox"/> Bronze Sponsorship Package
\$5,000</p> <ul style="list-style-type: none">• Listed in all marketing materials• Half-page ad in program booklet• One table (of 10) at the gala |
| <p><input type="checkbox"/> Gold Sponsorship Package
\$25,000</p> <ul style="list-style-type: none">• VIP Reception• Listed in all marketing materials• Full-page ad inside program booklet• Two tables (of 10) at the gala• Website and Exhibit listing for one year | <p><input type="checkbox"/> Benefactor Sponsorship Package
\$2,500</p> <ul style="list-style-type: none">• Listed in program booklet• One table (of 10) at the gala |
| | <p><input type="checkbox"/> Patron Sponsorship Package
\$1,000</p> <ul style="list-style-type: none">• Listed in program booklet• Four complimentary tickets to the gala |
| | <p><input type="checkbox"/> Supporter Sponsorship Package
\$250</p> <ul style="list-style-type: none">• One complimentary ticket to the gala |

I am unable to attend, but would like to contribute \$_____ to support IAMMM programs that address the elimination of health disparities.

My check for \$_____ is enclosed, payable to IAMMM.

Please charge to my credit card. _____ Visa _____ MasterCard _____ American Express

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Company: _____ Website: _____

Contact Name: _____ Title: _____

Address: _____

Tel: _____ Fax: _____ E-mail: _____

All confirmations should be forwarded to:

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