

CONNECT



2008 CONFERENCE SPONSORSHIP OPPORTUNITIES

Name of Company or Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Contact Person: _____

Phone: _____ Fax: _____

E-mail: _____

SPONSORSHIP LEVEL

(please check gift level)

- Title/Presenting Sponsor** \$100,000
- Overall Hospitality Sponsor** \$50,000
- Presenter Travel Sponsor** \$30,000
- Dinner Sponsor** \$25,000 (1 available)
- Plenary Session Sponsor** \$10,000
- Family-in-Need Sponsor** \$10,000
(covers registration and accommodations for five families)
- Breakout Session Sponsor** \$2,500

Individual Hospitality Sponsors:

- Welcome Reception** \$10,000
- Lunch** \$5,000 each (3 available)
- Sunday Brunch** \$5,000 (1 available)
- Breakfast** \$2,500 each (2 available)
- Newcomers' Coffee** \$1,000
- Other** \$ _____

Along with your sponsorship, will you be sending promotional materials such as corporate brochures or literature for us to distribute to our annual conference attendees? YES NO

Parent Project Muscular Dystrophy would like to recognize your generous contribution in our printed materials. Will you be providing us with your company logo? YES NO

- If you checked "Yes", please email your logo file to Kimberly@parentprojectmd.org. Please make sure the logo is a high resolution file.
- If you checked "No", please tell us how you would like your company name to be presented for printed recognition in our newsletter, conference materials, and on our website.

PLEASE RETURN THIS INFORMATION SHEET, ALONG WITH YOUR SPONSORSHIP, TO:

Parent Project Muscular Dystrophy
Attn: Kimberly Galberaith
158 Linwood Plaza, Suite 220
Fort Lee, NJ 07024

PHONE: 800.714.5437 or 201.944.9985

FAX: 201.944.9987

VISIT US ONLINE: www.parentprojectmd.org

Parent Project Muscular Dystrophy

LEADING THE FIGHT TO END DUCHENNE