

1st Annual IL Statewide Disability Hall of Fame Banquet Sponsorship Levels – 2018

Sponsorship Levels:

PLATINUM \$5,000 – Benefits Include:

- Logo Presence on flier and event-associated collateral
- Fifteen (15) Hall of Fame Banquet Reservations
- Brief microphone opportunity (optional) at the event
- Banner placement at the event (sponsor to supply banner)
- Your brochure & specialty item distributed at event
- Full page ad in the event program
- Customized benefit – Let us work with you on your personalized recognition

GOLD \$3,000 – Benefits Include:

- Named presence as a sponsor on promotional collateral
- Twelve (12) Hall of Fame Banquet Reservations
- Banner placement at the event (sponsor to supply banner)
- Mention during the brief program at the event
- Brochure or specialty item placement
- Full page ad in the event program

SILVER \$1,500 – Benefits Include:

- Named presence as a sponsor on promotional collateral
- Ten (10) Hall of Fame Banquet Reservations
- Mention during the brief program at the event
- Brochure or specialty item placement
- Half page ad in the event program

BRONZE \$1,000 – Benefits Include:

- Listing in event program
- Six (6) Hall of Fame Banquet Reservations
- Mention during the brief program at the event
- Brochure or specialty item placement
- Quarter page ad in the event program

SUPPORTER \$500 – Benefits Include:

- Listing in event program,
- Four (4) Hall of Fame Banquet Reservations
- Podium mention
- Business card ad in the event program

FRIEND \$250 – Benefits Include:

- Listing in event program
- Two (2) Hall of Fame Banquet Reservations

Please note: we would be happy to work with a customized sponsorship package to best suit your product/service lines and marketing goals.

1st Annual IL Statewide Disability Hall of Fame Banquet

Sponsorship Contract

2018

Firm/Organization _____

Contact _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

We agree to a sponsorship at the _____ level for \$_____.

I cannot be a sponsor this year but I'd like to help. Enclosed is my donation for \$_____.

Credit Card Account Number _____ Security Code _____

Exp. Date _____ Type of Card: Master ___ VISA ___ Discover ___ AmEx _____

Name as it appears on card _____

Date _____

Name of Authorized Representative (Please Print) _____

Signature of Authorized Representative _____

Please enclose credit card info or your check (made payable to NYSILC) and return to NYSILC at 111 Washington Avenue, Suite 101, Albany, NY 12210. We will contact you to go over specifics of your sponsorship. Thank you!

Advertise in our Hall of Fame Banquet program!

The Hall of Fame Banquet will be held on April 26, 2018. For this inaugural event & fundraiser, we anticipate a crowd of more than 100 guests.

The 1st Hall of Fame Banquet will be a night to remember. Advertising in our program is a wonderful way to get your information out to a diverse group of people while supporting an organization that believes people with disabilities have the same right to self-determination, economic freedom, and full & equal participation in community life as their non-disabled peers.

PROGRAM ADVERTISING INFORMATION

Business Card (3.5" x 2") -	\$25
Quarter Page (4" x 5.25") -	\$50
Half Page (8" x 5.25") -	\$75
Full Page (8" x 10") -	\$100
Full Page Back Cover (8" x 10") -	\$250

Ad File and Artwork Specifications:

PDF, TIF, or JPEG (No Word, Excel, Publisher, etc. files)

All fonts must be included in the file as either outlined or embedded

Minimum resolution at 100% and dimension size is 200dpi.

Will accept either RGB or CMYK. Will convert RGB into CMYK for production.

If you are unable to create such a file, we will be happy to have our graphic artist do it for you for a \$25 fee.

If the file is sent in an unacceptable method and there is no request to have our graphic artist fix it, we will run the ad "as is."

Program Ad Order Form for the Hall of Fame Banquet - (Full page = 8 1/2" x 11")

Company _____

Address _____

Contact Name _____

Contact E-Mail Address _____

Phone Number _____ Fax Number _____

AD SIZE:

- Business Card \$25 x ____ = \$ _____
- Quarter Page \$50 x ____ = \$ _____
- Half Page \$75 x ____ = \$ _____
- Full Page \$100 x ____ = \$ _____
- Back Cover * \$250

* Please contact Amy Wink if back cover is desired.

Please note, there will only be one back cover available.

Form of Payment: If your ad is part of a sponsorship, check here

Check (Please make payable to NYSILC)

Mail check to: 111 Washington Avenue, Suite 101, Albany, NY, 12210

Credit Card Account Number _____ Security Code _____

Exp. Date _____ Type of Card: Master ___ VISA ___ Discover ___ AmEx ___

Name as it appears on card _____ Date _____

Name of Authorized Representative (Please Print) _____

Signature of Authorized Representative _____

Thank you! Please mail or email to Amy Wink (518) 427-1060 • awink@nysilc.org
111 Washington Ave Suite 101, Albany NY 12210. We will contact you regarding your ad.