

Corporate Sponsorship Packages

ALL SPONSORS AT THE LEVELS BELOW ARE ACKNOWLEDGED IN

- Inserts in approximately 2,000 invitations
- Promotional materials
- Video Display at Event

- Diamond**                      **\$50,000+**
- Special acknowledgment at the Breakfast
  - Front row center seating for ten guests
  - Your corporate logo on printed invitation and HLA website
  - Full-page ad in event program
  - Individual recognition in HLA social media outlets

- Platinum**                      **\$25,000+**
- Special acknowledgment at the Breakfast
  - VIP table with high priority seating for ten guests
  - Your corporate logo on HLA website
  - Full-page ad in event program
  - Individual recognition in HLA social media outlets

- Gold**                              **\$10,000+**
- VIP table with high priority seating for ten guests
  - Your corporate logo on HLA website
  - Full-page ad in event program
  - Mention in HLA social media outlets

- Silver**                            **\$5,000+**
- VIP table with prime seating for ten guests
  - Your corporate logo on HLA website
  - Half-page ad in event program
  - Mention in HLA social media outlets

- Bronze**                          **\$2,500+**
- Table with seating for ten guests
  - Quarter-page ad in event program

- Yes! I want to sponsor Health Law Advocates' 22nd Benefit Breakfast at the \$\_\_\_\_\_ amount.**
- My check payable to Health Law Advocates is enclosed.
- Please accept my pledge and send an invoice.
- Please charge my AmEx/Discover/ Visa/MasterCard. *(circle one)*

CARD NUMBER \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ SECURITY CODE \_\_\_\_\_

EXPIRATION DATE

NAME ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Scan, fax or mail this form to:**

Health Law Advocates  
ATTN: Emily Tabor  
One Federal Street, 5th Floor  
Boston, MA 02110  
**Phone** 617.275.2881  
**Fax** 617.338.5242  
**E-mail** etabor@hla-inc.org

**Or visit [www.healthlawadvocates.org/contribute](http://www.healthlawadvocates.org/contribute) to donate online**

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Company Name (*Donation listed as*): \_\_\_\_\_

Name of Company Contact: \_\_\_\_\_ Position Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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