2400 Park Avenue South – Suite 328, Minneapolis, Minnesota 55404; 612-353-51-

**Exclusive Sponsorship Opportunities**

**$5,000 Platinum Sponsor**

* Full-page advertisement in the event booklet
* Formal on-stage sponsor recognition during program
* Company name and logo displayed at sponsor table
* Two complimentary tables of eight with prominent seating

**$3,500 Gold Sponsor**

* Full-page advertisement in the event booklet
* Formal on-stage sponsor recognition during program
* Company name and logo displayed at sponsor table
* One complimentary table of eight with prominent seating

**$2,500 Silver Sponsor**

* Half-page advertisement in the event booklet
* Formal on-stage sponsor recognition during program
* Company name and logo displayed at sponsor table
* One complimentary table of eight with prominent seating

**$1,500 Bronze Sponsor**

* Half-page advertisement in the event booklet
* Sponsor recognition during program
* Company name and logo displayed at sponsor table
* Six complimentary tickets

**$1,000 Blue Sponsor**

* A quarter-page advertisement in the event booklet
* Signage prominently displayed at event
* Four complimentary tickets

If you have questions, please contact

Sara Wiggins Houston, 218-310-7272 Norma Anderson, 763-438-4903 Shirlynn LaChapelle, 612-382-0431 Abiola Abu-Bakr; 612-670-3593



**Sponsorship Opportunities**

\_\_\_\_ I would like to be a $5,000 Platinum Sponsor (Sixteen Complimentary Tickets = 2 Tables)

\_\_\_\_ I would like to be a $3,500 Gold Sponsor (Eight Complimentary Tickets = 1 Table)

\_\_\_\_ I would like to be a $2,500 Silver Sponsor (Eight Complimentary Tickets = 1 Table)

\_\_\_\_ I would like to be a $1,500 Bronze Sponsor (Six complimentary Tickets)

\_\_\_\_ I would like to be a $1,000 Blue Sponsor (Four Complimentary Tickets)

**Email** [info@mnbnassoc.org](mailto:info@mnbnassoc.org) **and provide attendees names**

**I would like to donate a raffle item:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value \_\_\_\_\_\_\_\_\_\_\_

**I would like to purchase program advertisement for:**

\_\_\_\_ $250 for a full page \_\_\_\_ $100 for a half page \_\_\_\_ $50 for a quarter page \_\_\_\_ $25 for a business card

**Please send copy ready information (your finished ad as a TIF or JPG image file) for souvenir booklet to MNBNA office or** [info@mnbnassoc.org](mailto:info@mnbnassoc.org) .

**Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name | | | **Payment Option:)**  **No Personal Checks** |
| Contact Name | | Title | <https://www.eventbrite.com/e/fourth-annual-scholarship-fundraiser-gala-tickets-27434169339>  \_\_\_\_Cashier’s Check |
| Address | | |
| City | State | Zip |
| Phone # | E-mail | |

Return form and payment electronically or by mail to:

**Address:** PO BOX 600684 St. Paul, MN 55106

The Minnesota Black Nurses Association thanks you for your support!