

2019 ANNUAL



## SPONSORSHIP LEVELS

Friday, January 25, 2019  
6:00-9:30pm  
Cavallo Point, Sausalito, CA

### PRESENTING SPONSOR – \$15,000 – Exclusive, limited to ONE sponsor

Includes all Platinum level benefits, plus\*:

- Onstage speaking opportunity to present award or special recognition
- Full-page, 4-color ad in *San Francisco Marin Medicine* journal, March/April 2019 issue (\$1,500 value)
- Special ad recognition in 2019 Annual Gala program\*\*
- Opportunity to provide branded promotional items to attendees
- Total of up to ten (10) tickets to the 2019 Annual Gala

### PLATINUM – \$7,500

Includes all Gold level benefits, plus\*:

- Premier logo placement on event signage, event program\*\*, sfmms.org event webpage
- Public acknowledgement from the podium during the event program
- Total of up to five (5) tickets to the 2019 Annual Gala

### GOLD – \$5,000

Includes all Silver level benefits, plus\*:

- Logo placement on event signage, event program\*\*, sfmms.org event webpage
- Special acknowledgment as a premier partner of SFMMS in the SFMMS journal *San Francisco Marin Medicine*, with a circulation of 4,000
- Total of up to three (3) tickets to the 2019 Annual Gala

### SILVER – \$2,500

Includes all Bronze level benefits, plus\*:

- Logo placement on event signage, event program\*\*, sfmms.org event webpage
- Two (2) tickets to the 2019 Annual Gala

### BRONZE – \$1,000

- Company/organization name on event signage, event program\*\*, sfmms.org event webpage
- Acknowledgment in SFMMS journal *San Francisco Marin Medicine*, with a circulation of 4,000

**Thank You for Supporting the San Francisco Marin Medical Society! Learn more at [www.sfmms.org](http://www.sfmms.org).**

\* Please note ad space and tickets are not cumulative.

\*\*Sponsor Names/Logos, etc., must be provided to SFMMS by January 4th for inclusion in program.

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# SPONSOR REGISTRATION AND PAYMENT FORM

## SPONSOR INFORMATION

Company/Organization \_\_\_\_\_

Primary Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

## SPONSORSHIP LEVEL (Please select one)

- |                                     |          |
|-------------------------------------|----------|
| <input type="checkbox"/> Presenting | \$15,000 |
| <input type="checkbox"/> Platinum   | \$7,500  |
| <input type="checkbox"/> Gold       | \$5,000  |
| <input type="checkbox"/> Silver     | \$2,500  |
| <input type="checkbox"/> Bronze     | \$1,000  |

## PAYMENT METHOD

Please charge \$ \_\_\_\_\_ to  Visa  Mastercard  American Express

Card Number \_\_\_\_\_

Billing Address w/Zip \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Enclosed is my check payable to San Francisco Marin Medical Society

Please mail, fax or email your registration form and payment to:

Erin Henke  
San Francisco Marin Medical Society  
2720 Taylor St, Ste 450  
San Francisco, CA 94133

Phone: (415) 561-0850 ext. 268  
Fax: (415) 561-0833  
E-mail: [ehenke@sfmms.org](mailto:ehenke@sfmms.org)