

A CONVERSATION ABOUT OSTEOPOROSIS

HOSTED BY CAROL VAN ANDEL

NOVEMBER 15, 2017 | 11:30 AM-1:30 PM | VAN ANDEL INSTITUTE

EDUCATE
ADVOCATE
PARTICIPATE

PRESENTED IN PARTNERSHIP WITH

Restoring Hope and Freedom
Mary Free Bed
Rehabilitation Hospital

SPONSORSHIP OPPORTUNITIES

PLATINUM SPONSOR \$10,000

EXCLUSIVE SPONSORSHIP AVAILABLE

- Five reserved tables at event (seats 50)
- Opportunity to give welcome remarks at the beginning of the event
- Full-page advertisement on the back cover of the event program
- Opportunity to provide promotional items to all 350 guests attending the event
- Company name and color logo on all the invites sent out to the Grand Rapids community
- Company name and logo listed on VAI's website
- Company name and logo displayed on plasma screens and auditorium main screen during the event
- Company name and logo used in all promotional material to promote to the Grand Rapids community
- Company name and logo used in all print signage for the event
- Company name and logo listed in Highlights of Hope — quarterly VAI newsletter
- Company name listed in VAI's Annual Report

GOLD SPONSOR \$5,000

SEVERAL AVAILABLE

- Three reserved tables at event (seats 30)
- Half-page advertisement on the back cover of the event program
- Opportunity to provide promotional items to all 350 guests attending the event
- Company name and color logo on all the invites sent out to the Grand Rapids community
- Company name and logo listed on VAI's website
- Company name and logo displayed on plasma screens and auditorium main screen during the event
- Company name and logo used in all promotional material to promote to the Grand Rapids community
- Company name and logo used in all print signage for the event
- Company name listed in Highlights of Hope — quarterly VAI newsletter
- Company name listed in VAI's Annual Report

SILVER SPONSOR \$2,500

SEVERAL AVAILABLE

- Two reserved tables at event (seats 20)
- Quarter-page advertisement on the back cover of the event program
- Opportunity to provide promotional items to all 350 guests attending the event
- Company name and color logo on all the invites sent out to the Grand Rapids community
- Company name and logo listed on VAI's website
- Company name and logo displayed on plasma screens and auditorium main screen during the event
- Company name and logo used in all promotional material to promote to the Grand Rapids community
- Company name and logo used in all print signage for the event
- Company name listed in Highlights of Hope — quarterly VAI newsletter
- Company name listed in VAI's Annual Report

COPPER SPONSOR \$1,500

SEVERAL AVAILABLE

- One reserved table at event (seats 10)
- Eighth-page advertisement on the back cover of the event program
- Company name and color logo on all the invites sent out to the Grand Rapids community
- Company name and logo listed on VAI's website
- Company name and logo displayed on plasma screens and auditorium main screen during the event
- Company name and logo used in all promotional material to promote to the Grand Rapids community
- Company name and logo used in all print signage for the event
- Company name listed in Highlights of Hope — quarterly VAI newsletter
- Company name listed in VAI's Annual Report

QUESTIONS

For questions regarding sponsorship, please contact Sarah Rollman at 616.234.5712 or sarah.rollman@vai.org



100% TO RESEARCH, DISCOVERY & HOPE®

DONATE TODAY AT VAI.ORG

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WE WOULD LOVE TO SPONSOR AT THE FOLLOWING LEVEL:

PLEASE RETURN YOUR
GIFT AND THIS COMPLETED
FORM TO:

Van Andel Institute
c/o A Conversation About Osteoporosis
333 Bostwick Ave. NE
Grand Rapids, MI 49503

or fax your response to 616.234.5713.

Email your high quality resolution logo to
sarah.rollman@vai.org (please provide
.eps and .jpg file formats in color and B/W
if possible).

For more information, please contact
Sarah Rollman at 616.234.5712.

<u>SOLD</u>	PLATINUM SPONSOR	\$10,000
___	GOLD SPONSOR	\$ 5,000
___	SILVER SPONSOR	\$ 2,500
___	COPPER SPONSOR	\$ 1,500

Company Name _____
(as you would like it to appear in printed materials)

Contact Person _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

OUR CHECK IS ENCLOSED AND MADE PAYABLE TO
VAN ANDEL INSTITUTE.

PLEASE INVOICE US AT THE ABOVE ADDRESS.

Signature _____ Date _____



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