A Cause to Celebrate

Friday, October 13, 2023
Golden Nugget Atlantic City

SPONSORSHIP LEVELS

PRESENTING SPONSOR - $50,000

Event:

- Logo on Invitation
- Logo or name on event signage
- Company logo displayed on screens at event
- Fifteen (15) event tickets
- Four color ad in prime location of digital event program book – Inside Front & Back Cover
- Special acknowledgment from podium during event & opportunity to speak

Publications:

- Recognition in any press, media announcements
- Branding will appear on all promotional material

Digital Marketing:

- Business name or logo included on A Cause to Celebrate web page
- Healthy Living e-magazine article promoting sponsor's business (20,000 email distribution). Article must relate to a trending healthcare topic as agreed upon by SMC marketing department.
- Logo inclusion in Healthy Living e-magazine with sponsor statement (20,000 email distribution)

Exposure @ SMC:

- Promote sponsor business logo on the 5 digital display boards in the hospital for 3 months
  Promote sponsor business logo at the Shore Physician Group offices located in Margate, Northfield, Mays Landing, Somers Point, Ocean City.

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SPONSORSHIP LEVELS

PLATINUM SPONSOR - $25,000

Event:

- Logo on Invitation (if submitted before printing)
- Logo or name on event signage
- Company logo displayed on screens at event
- Eight (8) event tickets
- Four color ad in prime location of digital event program book
- Special acknowledgment from podium during event

Publications:

- Recognition in any press, media announcements

Digital Marketing:

- Business name or logo included on A Cause to Celebrate web page
- Healthy Living e-magazine article promoting sponsor's business (20,000 email distribution). Article must relate to a trending healthcare topic as agreed upon by SMC marketing department.
- Logo inclusion in Healthy Living e-magazine with sponsor statement (20,000 email distribution)

Exposure @ SMC:

- Promote sponsor business logo on the 5 digital display boards in the hospital for 3 months with a promo to support the Shore Cancer Center
- Promote sponsor business logo at the Shore Physician Group offices located in Margate, Northfield, Mays Landing, Somers Point, Ocean City.

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SPONSORSHIP LEVELS

GOLD SPONSOR - $10,000

Event:

- Logo on Invitation (if submitted before printing)
- Logo or name on event signage
- Company logo displayed on screens at event
- Six (6) event tickets
- Four color ad in prime location of digital event program book
- Special acknowledgment from podium during event

Publications:

- Recognition in any press, media announcements

Digital Marketing:

- Business name or logo included on A Cause to Celebrate web page
- Healthy Living e-magazine article promoting sponsor's business (20,000 email distribution). Article must relate to a trending healthcare topic as agreed upon by SMC marketing department.
- Logo inclusion in Healthy Living e-magazine with sponsor statement (20,000 email distribution)

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SPONSORSHIP LEVELS

SILVER SPONSOR - $5,000

Event:

- Logo or name on event signage
- Four (4) event tickets
- Four color ad in prime location of digital event program book

Publications:

- Recognition in any press, media announcements

Digital Marketing:

- Business name or logo included on A Cause to Celebrate web page
- Logo inclusion in Healthy Living e-magazine with sponsor statement (20,000 email distribution)

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SPONSORSHIP FORM

Please print all information

Company/Organization: _____

Contact Name: _____

Recognition Name for sponsor Thank you letter: _____

Street: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____ Email: _____

Please return this form and payment. Send all sponsor forms to Shore Medical Center, 100 Medical Center Way, Somers Point, NJ 08244 Attn: Jessica Giles or Jessica.Giles@ShoreMedicalCenter.org

☐	Presenting Sponsor	$50,000
☐	Platinum Sponsor	$25,000
☐	Gold Sponsor	$10,000
☐	Silver Sponsor	$ 5,000
☐	Full Page color ad	$ 1,000
☐	Half page color ad	$ 500
☐	Quarter page color ad	$ 250
☐	Ticket	$ 250

Please submit your ad and logo as a high res PDF (300dpi) before September 22, 2023 to Jessica.Giles@ShoreMedicalCenter.org

Method of payment: _____ Check _____ Mastercard _____ Visa _____ Amex

Cardholder Name (PleasePrint):_____

Daytime Tele # _____ Email: _____

Card number: _____

Expiration Date: _____ Security # _____ Zip Code _____

I authorize Shore Medical Center to charge my account for the above:

Signature: _____ Date: _____

Please make checks payable to: Shore Medical Center

☐ We/(I) cannot attend but would like to make a contribution in the amount of $ _____