## **SPONSORSHIP OPPORTUNITIES**

### PRESENTING SPONSOR \* \$30,000

- Listing as Presenting Sponsor on all CB event Branding, signage and promotional materials
- Two (2) VIP Tables of Ten (20) with signage
- Named ABWP Medical Student Scholarship
- Speaking during the CB
- 🎬 Organizational Highlight Reel
- Center 2-page Ad in event Program Book
- Digital copy on website
- Spotlighted on Social Media Promotional Campaign
- May split share with another organization if preferred

#### PLATINUM SPONSOR \*\*



- Listing as Platinum Sponsor on all CB event Branding, signage and promotional materials
- Two (2) VIP Tables of Ten (20) with signage
- Named ABWP Medical Student Scholarship
- Platinum (Outside Back Cover Ad or Inside Front Cover or Inside Back Cover) in Event Program Book
- Digital copy on ABWP website
- Spotlighted on Social Media Promotional Campaign

#### GOLD SPONSOR # \$10,000

- Listing as Gold Sponsor on all CB event
  Branding, signage and promotional
  materials
- One (1) VIP Table of Ten (10) with signage
- Premier Gold Full Page Ad in Event Program Book (near the front)
- Digital copy on ABWP website
- Spotlighted on Social Media Promotional Campaign

#### SILVER SPONSOR \* \$5,000

- Listing as Silver Sponsor on all CB event Branding, signage and promotional
- One (1) Table of Ten (10) with signage
- Premier Silver 1/2 Page Ad in Event
  Program Book
- Digital copy on ABWP website

#### BRONZE SPONSOR **\*\*** \$3,000

- Listing as Bronze Sponsor on all CB event Branding, signage and promotional materials
- Six (6) adjacent seats with table signage
- Premier Bronze 1/2 Page Ad in Event
  Program Book

## INDIVIDUAL RATES

- Table of 10 for \$2500
- **Table of 12 for \$3000**
- Individual Tickets for \$250

## ABWP MEMBER RATES

- Member Table of 10 for \$2250
- Member Table of 12 for \$2500
- Member Individual Tickets for \$225
- 滕 Member Ads %50 discount (Full page, Half page, Quarter page)

## DIGITAL PROGRAM BOOK AD RATES :

| Outside Back Cover | \$5,000 | Full Page    | \$1,000 | Business Card  | \$150 |
|--------------------|---------|--------------|---------|----------------|-------|
| Inside Front Cover | \$5,000 | Half Page    | \$500   | Patron Listing | \$50  |
| Inside Back Cover  | \$3,000 | Quarter Page | \$250   | Friend Listing | \$25  |

\*Outside Back Cover: 8.75"W x 11.25"H

\*Inside Covers and Full Pages: 7.5"W x 10"H

Half Page: 7.5"W x 5"H

Quarter Page: 3.75"W x 5"H

the following high-resolution formats: PDF/TIF/JPEG
SUBMISSION DEADLINE: September 30, 2025, via email

to sabra@splendidaffairsinc.com.

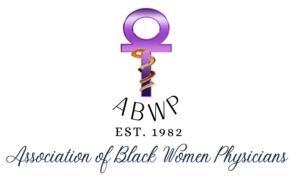
All pages are non-bleed, except Outside Back Cover.

## \*Inside Covers and Full Pages are reserved for Platinum Sponsor(s); availability is subject to change based on sponsorship tier fulfillment.

#### **CHARITY BENEFIT & SCHOLARSHIP DONATIONS**

The involvement of our Sponsors & Supporters remains crucial and necessary to the success of our Charity Benefit. We are counting on your support to continue our Mission & Programs. All Donations are Tax Deductible. (Tax ID #95-3764478)

DONATIONS MAY BE SUBMITTED ONLINE AT: <u>WWW.BLACKWOMENPHYSICIANS.ORG</u>



# SPONSORSHIP RESPONSE FORM

| CONTACT NAME   |  |   |
|--|--|---|
| TITLE  |  |   |
| COMPANY  |  |   |
| ADDRESS  |  |   |
| CITY/STATE/ZIP   |  |   |
| EMAIL  |  |   |
| PHONE  |  |   |
| Please indicate below your level of support:  SPONSORSHIP LEVELS |  |   |
| PRESENTING \$30,000 PLATINUM \$20,000                            | GOLD \$10,000                                    | SILVER \$5,000 BRONZE \$3,000                                   |
| Inside Front Cover \$5,000 Hal                                   | Page \$1,000<br>f Page \$500<br>arter Page \$250 | Business Card \$150 Patron Listing \$50 Friend Listing \$25     |
| PAYMENT METHOD   |  |   |
| CHECK CREDIT CARD TO   | TAL AMOUNT ENCLOSE                               | D\$   |
|  | LACK WOMEN PHYSIC<br>y, Suite 265 • Marina de    | IANS<br>el Rey, CA 90292   818.605.7405                         |
| For Credit Card Payment:   MasterCard   Visa                     | American Express 🛚                               | Discover Card   |
| Credit Card Number   | Expiration Date                                  |   |
| Name on Card   |  | CVC Number (Last 3 digits on back or 4 digits on front if AMEX) |
| Billing Address: Street  | City.  |   |
| Billing Address: Street  |  |   |
| Email Address  |  |   |

ASSOCIATION OF BLACK WOMEN PHYSICIANS
13157 MINDANAO WAY | SUITE #265 | MARINA DEL REY, CA 90292