



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 🌸 \$20,000

- 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 materials
- 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
- 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

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

SUBMISSION INSTRUCTIONS: Please submit COMPLETED AD in one of the following high-resolution formats: PDF/TIF/JPEG

SUBMISSION DEADLINE: September 30, 2025, via email to sabra@splendidaffairsinc.com.

***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: WWW.BLACKWOMENPHYSICIANS.ORG

BLACKWOMENPHYSICIANS.ORG

13157 MINDANAO WAY | SUITE #265 | MARINA DEL REY, CA 90292



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

DIGITAL PROGRAM BOOK AD RATES

<input type="checkbox"/> Outside Back Cover	\$5,000	<input type="checkbox"/> Full Page	\$1,000	<input type="checkbox"/> Business Card	\$150
<input type="checkbox"/> Inside Front Cover	\$5,000	<input type="checkbox"/> Half Page	\$500	<input type="checkbox"/> Patron Listing	\$50
<input type="checkbox"/> Inside Back Cover	\$3,000	<input type="checkbox"/> Quarter Page	\$250	<input type="checkbox"/> Friend Listing	\$25

PAYMENT METHOD

☐ CHECK
 ☐ CREDIT CARD
 TOTAL AMOUNT ENCLOSED \$ _____

Make checks payable to and mail to: **ASSOCIATION OF BLACK WOMEN PHYSICIANS**
 13157 Mindanao Way, Suite 265 • Marina del Rey, CA 90292 | 818.605.7405

For Credit Card Payment:
☐ MasterCard
 ☐ Visa
 ☐ American Express
 ☐ Discover Card
 ☐ Other (Specify) _____

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 _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Email Address _____

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

www.blackwomenphysicians.org