



SPONSOR CONTRACT

COMPANY NAME: _____

COMPANY CONTACT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____ ATTENTION: _____

AGENCY INFO (IF USING AN OUTSIDE ADVERTISING AGENCY)

NAME OF AGENCY: _____

AGENCY CONTACT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

2008 SPONSORSHIP PACKAGES

\$20,000 - PRESENTING SPONSOR

\$10,000 - GOLD SPONSOR

\$5,000 - SILVER SPONSOR

\$2,500 - BRONZE SPONSOR

COMPLIMENTARY AD

FULL-PAGE AD (PREMIERE PLACEMENT)

FULL-PAGE AD

HALF-PAGE AD

QUARTER-PAGE AD

PROGRAM MECHANICAL INFORMATION

ADS NEED TO BE PRINT-READY AND ARE ACCEPTED IN THESE FORMATS- JPG, GIF, PSD, .BMP
ALL IMAGES SHOULD BE 300 DPI AT FULL SIZE.

B/W PROOF OF AD WILL BE AVAILABLE UPON REQUEST.

TROCRF, INC. RESERVES THE RIGHT TO REFUSE ANY ADVERTISEMENT FOR PROFESSIONAL, ETHICAL OR LEGAL REASONS.

SPONSORS/ADVERTISERS ASSUME FULL RESPONSIBILITY FOR THE CONTENT OF THEIR ADVERTISEMENTS AND FOR ANY CLAIMS ARISING FROM THEM AGAINST THE PHILADELPHIA CRYSTAL BALL AND THE TEAL RIBBON OVARIAN CANCER RESEARCH FOUNDATION, INC.

SIGNATURE

I, THE SPONSOR REPRESENTATIVE, HEREBY AGREE TO THE TERMS OF THIS PAGE

SIGNATURE _____ TITLE _____

NAME _____ DATE _____

YOU WILL RECEIVE COMPLIMENTARY TICKETS AS PART OF YOUR SPONSOR BENEFIT PACKAGE. TO PURCHASE ADDITIONAL TICKETS TO THE PHILADELPHIA CRYSTAL BALL:

- PLEASE MAIL ME AN INVITATION
- I WILL PURCHASE TICKETS ONLINE AT WWW.PHILACRYSTALBALL.ORG

FOR PAYMENT BY CREDIT CARD PLEASE CALL 610-459-8783
ALL DONATIONS SHOULD BE MADE PAYABLE TO: TROCRF, INC AND MAILED TO:
The Teal Ribbon Ovarian Cancer Research Foundation, Inc. (TROCRF)
8 Sawmill Road
Glen Mills, PA 19342
610.459.8783 WWW.TROCRF.ORG