



19th Annual
Sara Hopkins Woodruff
SPECTRUM AWARDS FOR WOMEN LUNCHEON
Hotel InterContinental Miami
Friday, March 9, 2012

Support Opportunities

| | | |
|--|---------------|-----------------|
| Presenting Sponsor | | \$25,000 |
| <ul style="list-style-type: none"> • Name included on all printed materials including invitation, program, advertisements and all publicity materials as part of title i.e. <i>Spectrum Awards for Women presented by [name]</i> • Prominent acknowledgment in program and signage at event • Table of ten at luncheon with premier seating • Full page in the program • Opportunity for product display or sampling | | |
| Host Sponsor | | \$10,000 |
| <ul style="list-style-type: none"> • Prominent placement on all printed materials including invitation, program, advertisements and all publicity materials • Prominent acknowledgment in program and signage at event • Table of ten at luncheon with premier seating • Full page in the program | | |
| Grand Benefactor | | \$ 5,000 |
| <ul style="list-style-type: none"> • Prominent acknowledgment in invitation and program • Table of ten at luncheon with premier seating • Half page in the program | | |
| Benefactor | | \$ 2,500 |
| <ul style="list-style-type: none"> • Preferred seating for ten • Acknowledgment in program | | |
| Patron Table | | \$ 1,500 |
| <ul style="list-style-type: none"> • Seating for ten • Acknowledgment in Program | | |
| Friend Table | | \$ 1,000 |
| <ul style="list-style-type: none"> • Seating for Eight • Acknowledgment in Program | | |
| Grand Patron | | \$ 250 |
| <ul style="list-style-type: none"> • Premier seating for one • Acknowledgment in Program | | |
| Patron | | \$ 150 |
| <ul style="list-style-type: none"> • Preferred seating for one • Program listing | | |
| Friend | | \$ 125 |
| <ul style="list-style-type: none"> • One seat | | |
| <u>Program Advertising Rates</u> | | |
| • Back Cover | 8 ½" x 11" | \$1,500 |
| • Front or Back Inside Cover | 8 ½" x 11" | \$1,000 |
| • Full Page | 8½" x 11" | \$ 350 |
| • Half Page | 8½" W x 4½" H | \$ 200 |

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Commitment Form

Please print your name/company name, as you would like it to appear in the program.

Name: _____

Contact Name: _____

Title/Position: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email _____

Yes, I/We would like to support the Red Cross Spectrum Awards in the following way:

| | | |
|-----|-----------------------------|----------|
| ___ | Presenting Sponsor | \$25,000 |
| ___ | Host Sponsor (10 seats) | \$10,000 |
| ___ | Grand Benefactor (10 seats) | \$ 5,000 |
| ___ | Benefactor (10 seats) | \$ 2,500 |
| ___ | Patron Table (10 seats) | \$ 1,500 |
| ___ | Friend Table (8 seats) | \$ 1,000 |
| ___ | Grand Patron seat(s) | \$ 250 |
| ___ | Patron seat(s) | \$ 150 |
| ___ | Friend seats(s) | \$ 125 |

Program Advertising Rates

| | | | |
|-----|----------------------------|---------------------|---------|
| ___ | Back Cover | 8 1/2" x 11" | \$1,500 |
| ___ | Front or Back Inside Cover | 8 1/2" x 11" | \$1,000 |
| ___ | Full Page | 8 1/2" x 11" | \$ 350 |
| ___ | Half Page | 8 1/2" W x 4 1/2" H | \$ 200 |

Ad Specifications

- High resolution files with 300 dpi or more
- Full color without bleeds
- JPEG or PSD. Files created from Word will not be accepted
- If you are unable to provide a camera ready file, please contact Kenia Tedesco at 305-728-2512 prior to deadline
- Please complete form and return it with payment on or before **Monday, Feb. 13, 2012**

___ Enclosed is my check in the amount of \$ _____

___ Bill me in the amount of \$ _____

___ Charge my credit card ___ AMEX ___ Visa ___ MasterCard

Card # _____ Security Code # _____ Exp. Date _____

Authorized Signature: _____

Please mail or fax to:
American Red Cross Spectrum Awards
335 SW 27th Avenue
Miami, Florida 33135
Phone: 305-644-1200