



Sponsorship Opportunities

Deadline to appear on signage is Friday, October 11.

____ PREMIER EVENT SPONSOR \$25,000

Reserved seating for 20 guests, logo featured on website and premier placement in virtual ad journal, verbal recognition in speaking remarks, premier event signage throughout space and inclusion in press release

____ CELEBRATION SPONSOR \$20,000

Reserved seating for 15 guests, logo featured on website and virtual ad journal, verbal recognition in speaking remarks, prominent signage and recognition at dinner stations and bar and inclusion in press release

____ ENTERTAINMENT SPONSOR \$10,000

10 tickets, full-page ad in the virtual ad journal, prominent signage and recognition near entertainment, event signage and recognition

____ DECOR SPONSOR \$7,500

6 tickets, full-page ad in the virtual ad journal, signage and recognition

____ VALET SPONSOR \$5,000

4 tickets, full-page ad virtual ad journal, signage at valet entrance and recognition

____ PARTNER SPONSOR \$3,000

2 tickets, half-page ad in virtual ad journal and signage

VIRTUAL JOURNAL ADVERTISING

Advertisements will be featured on multiple screens throughout the evening.

____ \$1,000 Full-Page Ad

____ \$500 Half-Page Ad

Ad copy is due by Friday, October 11 and can be sent to meagan.oflaherty@hmn.org in a PowerPoint or Google Slides file.

RESERVATIONS

____ \$350 Individual ticket

____ Sponsor a team member or nurse to attend for \$350 per person

____ I cannot attend but wish to contribute \$_____

Visit GiveHMH.org/BMCOktoberfest to register online.

Name/Company

Contact Person

Address

City/State/Zip

Email

Phone

Fax

____ Sponsorship \$ _____

____ Virtual Journal \$ _____

____ Reservations \$ _____

____ I cannot attend, but please accept my fully deductible donation of: \$ _____

TOTAL PARTICIPATION: \$ _____

Payment Enclosed _____ Invoice _____ Charge to (below) _____

Credit Card Type: ____ Visa ____ MasterCard ____ Amex ____ Discover

Signature required for invoicing or to process credit card charges

Name as it appears on the credit card

Credit card #

Exp. Date

Security Code

Please complete and return this form to Bayshore Medical Center Foundation at 343 Thornall Street, 7th Floor, Edison, NJ 08837.

For more information, please contact Meagan O'Flaherty, manager, Strategic Events, at 848-275-1361 or strategicevents@hmn.org.

Please contact us at 848-275-1361 or FoundationOptOut@hmn.org if you wish to have your name removed from the list to receive fundraising requests supporting Bayshore Medical Center Foundation in the future.