

BCIL Marie Feltin Award Ceremony

WE WOULD LIKE TO HONOR THE MEMORY OF DR. MARIE FELTIN.

Sponsors of this event receive:

- A prominent listing in our newsletter sent to 4,000 individuals
- A prominent listing of sponsorship in the Program Book
- Up to a full page in the Program Book to convey your message
- Complimentary tickets to the event

HOST SPONSOR: \$25000

50 tickets, full-page inside cover ad
individual or institution

GOLD: \$5000

10 tickets, full-page ad
individual or institution

BRONZE: \$1500

10 tickets, quarter-page ad
individual or institution

SINGLE TICKETS: \$150

CONSUMERS AND CLIENTS: \$50 *(telephone confirmation 617-338-6665)*

CORPORATE HALF-PAGE AD: \$1000

2 tickets

PLATINUM: \$10000

25 tickets, full-page back cover ad
individual or institution

SILVER: \$2500

10 tickets, half-page ad
individual or institution

INDIVIDUAL SPONSOR: \$500

2 tickets and listing in
program book as individual sponsor

GRASSROOTS HALF-PAGE AD: \$500

2 tickets

QUARTER-PAGE AD: \$250

individual

I CAN'T ATTEND, BUT MY DONATION OF \$_____ IS ENCLOSED.

Please contact David Sternburg with any questions about Sponsorships, the Program Book or tickets at 617-338-6665 x223 or by email at dsternburg@bostoncil.org.

CONTACT INFORMATION:

Name: _____

Address: _____

Telephone: _____ Email: _____

HOST: \$25000 PLATINUM: \$10000 GOLD: \$5000

SILVER: \$2500 BRONZE: \$1500 INDIVIDUAL: \$500

___ SINGLE TICKETS: \$150 each CONSUMERS AND CLIENTS: \$50
(please indicate # of tickets) *(telephone confirmation 617-338-6665)*

CORPORATE HALF-PAGE AD: \$1000 GRASSROOTS HALF-PAGE AD: \$500

QUARTER-PAGE AD: \$250

I CAN'T ATTEND, BUT MY DONATION OF \$_____ IS ENCLOSED.

PAYMENT METHOD: *(please check one)*

Check, payable to: BCIL - Marie Feltin Award

MC Visa AmEx Card #: _____ Exp. _____

Name as it appears on card: _____

Card billing address: _____