



world diabetes day

North Texas Luncheon
Tuesday, November 15, 2011

November 15th, 2011

Lone Star Park at Grand Prairie

Our Speaker: **Dr. M. Sue Kirkman**, Acting Chief Scientific and Medical Officer for the American Diabetes Association. Join us to see the impact that diabetes is having on healthcare costs and the new strategies for workplace health. We will also honor our **2011 J. Denis McGarry and Sylvia & Gary Luskey Award Winners**



CURE Sponsor \$25,000

- Exclusive "Title" sponsorship
- Three tables (24 tickets) for luncheon
- All ♦ Care Sponsor benefits listed

CARE Sponsor \$15,000

- Exclusive "Presented By" sponsorship
- Two tables (16 tickets) for luncheon
 - Opportunity to serve on World Diabetes Day committee
 - Recognition in the American Diabetes Association's national annual report
 - Recognition in publicity campaign*
 - Opportunity to recommend speaker for forum
 - All ♦ Commitment Sponsor benefits listed

COMMITMENT Sponsor \$10,000

- Recognition in all pre- and post-program media*
- One table (eight tickets) for Luncheon
 - Sponsor-supplied banner in prominent location at vendor fair
 - Recognition on local ADA Web page
 - All ♦ Corporate Sponsor benefits listed

Corporate Sponsor \$5,000

- One table (eight tickets) for luncheon with premier seating
 - Company display/exhibit space at vendor fair
 - Name and logo recognition on all print media*
 - ADA **Premier** Diabetes Corporate Wellness Program, **Winning at Work**.
 - Promotional item in participant goody bags

Underwriter \$2,500

- One table (eight tickets) for luncheon
- Company display/exhibit space at vendor fair
- Name recognition in event program*
- Promotional item in participant goody bags
- ADA Diabetes Corporate Wellness Kit

Table \$1,000

- One table (eight tickets) for luncheon
- Name recognition in event program*

Exhibitor \$500

- Two tickets for luncheon

Tickets \$50

CONTACT INFORMATION:

Name of Donor: _____
 Name of Contact Person: _____ E-mail: _____
 Address/City/St/Zip: _____
 Telephone #: Office: _____ Home: _____ Mobile: _____
COMPANY/DONOR NAME (as it should be listed on all printed materials): _____

**We cannot guarantee program or signage recognition for contracts received after October 14, 2011*

Payment Information

Name (as it appears on Credit Card):		Amount: \$	
Payment Type: <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> INVOICE			
ME on _____			
Credit Card Number:		Expiration Date:	Sec Code:
Signature:		Date:	
Credit Card Billing Address			
Street Address:			
City:	State:	Zip:	
Phone #:	E-mail:		