

2024 PARTNERSHIP OPPORTUNITIES

FRIDAY, SEPTEMBER 27
TRIAD1828 CENTRE • CAMDEN, NJ

Cooper
RED HOT
Gala

RED HOT SPONSOR **\$150,000**

- **20 Tickets** - 20 guests at the Exclusive VIP Sponsor Reception & General Attendance
- 2x Special Presenting Full Page Color Digital Ads
- Website, Social Media and Digital Ad Book Listings
- Banner Signage and Event Recognition

PLATINUM SPONSOR **\$100,000**

- **16 Tickets** - 16 guests at the Exclusive VIP Sponsor Reception & General Attendance
- Headline Full Page Color Digital Ad
- Website, Social Media and Digital Ad Book Listings
- Banner Signage and Event Recognition

DIAMOND SPONSOR **\$75,000**

- **14 Tickets** - 14 guests at the Exclusive VIP Sponsor Reception & General Attendance
- Premier Full Page Color Digital Ad
- Website and Social Media Listings
- Banner Signage and Event Recognition

RUBY SPONSOR **\$50,000**

- **12 Tickets** - 12 guests at the Exclusive VIP Sponsor Reception & General Attendance
- VIP Full Page Color Digital Ad
- Website, Social Media and Digital Ad Book Listings
- Banner Signage and Event Recognition

SAPPHIRE SPONSOR **\$30,000**

- **10 Tickets** - 10 guests at the Exclusive VIP Sponsor Reception & General Attendance
- Prime Full Page Color Digital Ad
- Website, Social Media and Digital Ad Book Listings
- Banner Signage

ON THE WATERFRONT SPONSOR **\$20,000**

- 10 guests for general attendance
- Full page color ad in digital ad book
- Listing on website, digital ad book and social media
- Banner signage

GOLD SPONSOR **\$10,000**

- 8 guests for general attendance
- Premier Half page color ad in digital ad book
- Listing on website, digital ad book and social media

SILVER SPONSOR **\$7,500**

- 6 guests for general attendance
- Half page color ad in digital ad book
- Listing on website and digital ad book

BRONZE SPONSOR **\$5,000**

- 4 guests for general attendance
- Quarter page color ad in digital ad book
- Listing on website and digital ad book

COOPER CIRCLE SPONSOR **\$2,000**

- 2 guests for general attendance
- Special Cooper Circle mention in digital ad book
- Listing on website

ADDITIONAL OPPORTUNITIES

INDIVIDUAL TICKET **\$1,000**

- **For Cooper Employees Only**

DIGITAL PROGRAM BOOK

- Full Page (5.5"w x 8.5"h) Color Ad - \$3,000
- Half Page (5.5"w x 4.25"h) Color Ad - \$2,000

REGISTER & PAY ONLINE

Alternatively, complete your details on the form and email to Tara Elk: elk-tara@CooperHealth.edu

REGISTRATION FORM

Please provide all information exactly as it should appear on event and recognition materials.
Return to elk-tara@cooperhealth.edu no later than **September 6, 2024**

SPONSORSHIP LEVELS

- | | |
|--|--|
| <input type="checkbox"/> Red Hot Sponsor - \$150,000 | <input type="checkbox"/> On the Waterfront Sponsor - \$20,000 |
| <input type="checkbox"/> Platinum Sponsor - \$100,000 | <input type="checkbox"/> Gold Sponsor - \$10,000 |
| <input type="checkbox"/> Diamond Sponsor - \$75,000 | <input type="checkbox"/> Silver Sponsor - \$7,500 |
| <input type="checkbox"/> Ruby Sponsor - \$50,000 | <input type="checkbox"/> Bronze Sponsor - \$5,000 |
| <input type="checkbox"/> Sapphire Sponsor - \$30,000 | <input type="checkbox"/> Cooper Circle Sponsor - \$2,000 |

SPONSORSHIP LOGO

- YES, I will provide a logo.
- NO, I do not have a logo. Please use a text graphic for my sponsorship.

ADDITIONAL OPTIONS

- Full Page Color Ad (5.5"w x 8.5"h) - \$3,000
- Half Page Color Ad (5.5"w x 4.25"h) - \$2,000
- Individual General Attendance Ticket - \$1,000 **(For Cooper Employees Only)**
- I/we cannot attend the event but would like to make a contribution in the amount of \$ _____

CONTACT INFORMATION

- Corporate Personal

ORGANIZATION	PRIMARY CONTACT		
PHONE	E-MAIL		
ADDRESS	CITY	STATE	ZIP CODE

PAYMENT INFORMATION

CHOOSE A PAYMENT METHOD

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Check Enclosed
<small>Make checks payable to "The Cooper Foundation"</small> | <input type="checkbox"/> Please Invoice | <input type="checkbox"/> Charge Credit Card Below | <input type="checkbox"/> Payroll Deduction
<small>Cooper Employees Only</small> |
| | | <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA | |
| | | <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX | |

CARD #	EXPIRATION DATE	CVV	CHARGE AMOUNT
NAME ON CARD	AUTHORIZED SIGNATURE	DATE	
BILLING ADDRESS (IF DIFFERENT THAN ABOVE)	CITY	STATE	ZIP CODE

PAYROLL DEDUCTION

COOPER EMPLOYEE SIGNATURE _____ COOPER EMPLOYEE # _____

IMPORTANT: DIGITAL AD ARTWORK

Hi-res PDF ad artwork is due
Friday, September 13, 2024
Email to: elk-tara@cooperhealth.edu