

COMMUNITY
HEALTH
Care

MEDICAL • DENTAL • PHARMACY

LUNCH & LAUGHTER

2018 Sponsor Information

SPONSOR INFORMATION

Company: _____
Contact Person: _____ Phone: _____
Address: _____ City: _____ Zip Code: _____
Email Address: _____

SPONSORSHIP LEVEL

- \$10,000 Presenting Sponsor
- \$ 5,000 Side Splitter Sponsor
- \$ 2,500 Belly Laugh Sponsor
- \$ 1,500 Hee-Haw Sponsor
- \$ 1,000 Chuckle Sponsor
- \$ 500 Giggle Sponsor

LOGO:

Please provide your company logo in EPS, PSD, JPEG, TIFF, or GIF format for inclusion in print materials. See Ad specifications on back.

EVENT ATTENDANCE:

- We will fill our table of ten

PAYMENT OPTIONS

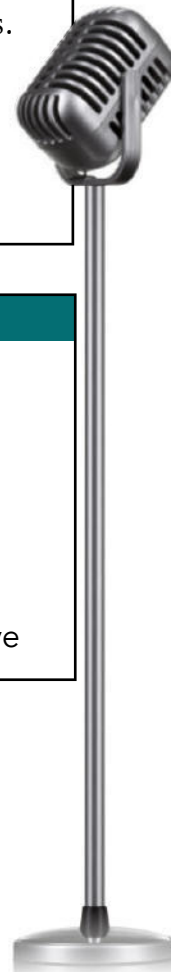
Sponsorship Confirmation:

Signature: _____ Date: _____

- Please invoice me
- Check is attached (payable to Community Health Care)
- Credit Card - please contact me for credit card information at the phone above

Save the Date - March 21, 2018

For more information please contact Russ Sondker at 253-722-1550.
Form can be returned to Community Health Care via fax to
253-597-4556 or Email to info@lunchandlaughter.com.

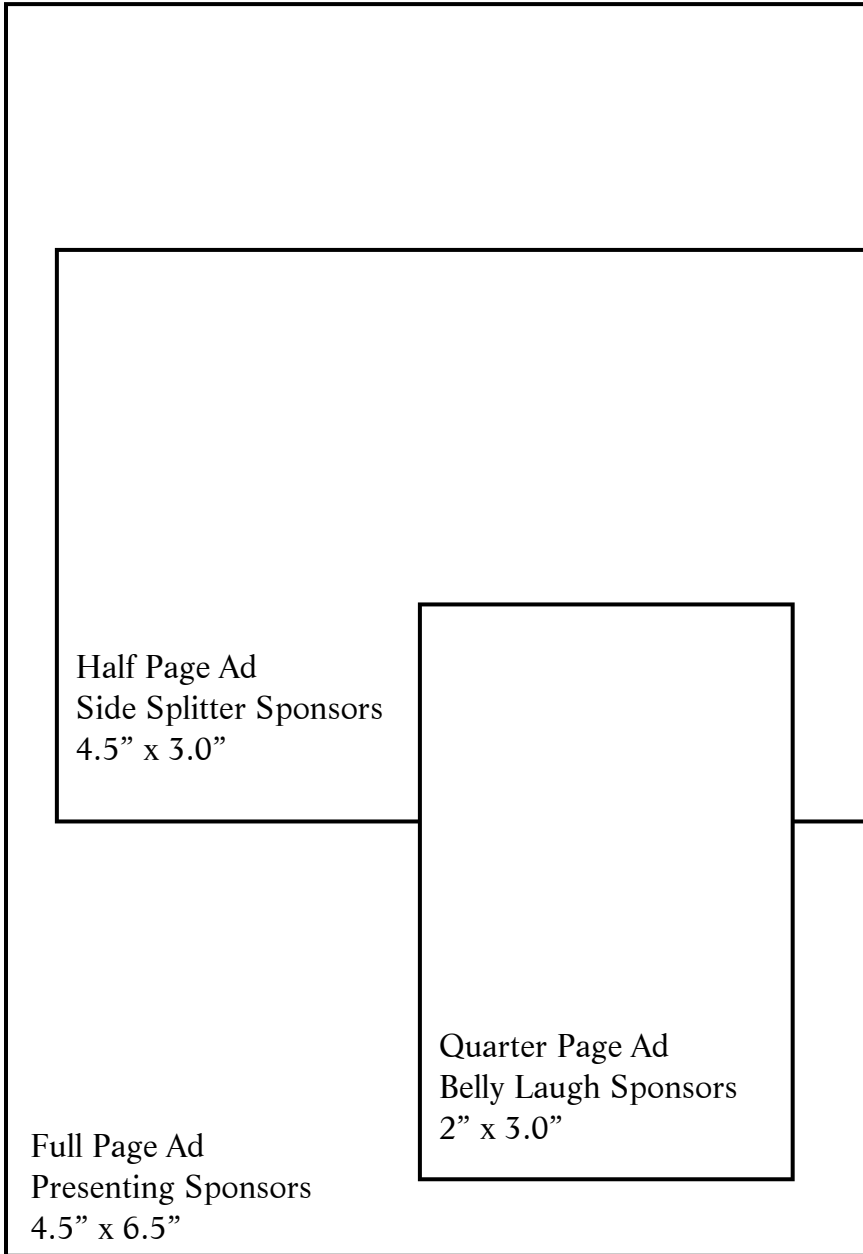


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Program Ad Specifications



Program Ad Specifications

Full Page	4.5 wide x 6.5 high
Half Page	4.5 wide x 3.0 high
Quarter Page	2.0 wide x 3.0 high

Logos and Program Ads can be provided in a variety of formats including EPS, PSD, JPEG, PDF, TIFF, or GIF files. High resolution (300 dpi) preferred.

Please provide your ad files directly to event coordinator, Jennifer Durham at jennifer@host-hospitality.com. With any questions regarding these specifications please call 253-961-4987.

Deadline for guaranteed ad placement is March 5, 2018.