



Saturday, September 27, 2008
Beverly Hilton Hotel
10:30 AM - Boutique * 12:30 PM - Luncheon

- PLATINUM SPONSOR** **\$50,000**
 Two tables of 10 in Most Preferred Seating; Full-page ad on inside front or inside back cover of Program Journal;
 Your contribution will help support the March of Dimes NICU Family Support Project, which provides
 direct services to families who have babies in the NICU

- DIAMOND SPONSOR** **\$25,000**
 Two tables of 10 in Preferred Seating; Full-page ad in Program Journal in Diamond section; Your contribution will help
 support community outreach and education projects including, Healthy Babies, Healthy Futures and Comenzando bien

- GOLD SPONSOR** **\$10,000**
 One VIP table of 10; Full-page ad in Program Journal in Gold section; Your contribution will help support Professional Education
 Programs including Preterm Labor Assessment Tool Kit and Implementation and Introduction to Preconception Health

- SILVER SPONSOR** **\$5,000**
 Premium table of 10; Full-page ad in Program Journal in Silver section

- BRONZE SPONSOR** **\$2,500**
 Reserved table of 10; Full-page ad in Program Journal in Bronze section

- TICKET**..... **\$175**

Program Journal Pricing

- \$10,000 Full Diamond Page in Program Journal \$2,500 Full Silver Page in Program Journal
- \$5,000 Full Gold Page in Program Journal \$1,000 Full Bronze Page in Program Journal
- I cannot attend, but wish to make a contribution in the amount of \$ _____**

AD SPECS: camera-ready, black & white and sized to fit 7 1/2 X 7 1/2 page. Artwork should be in eps, tif or jpg format. Please
 send Artwork to: March of Dimes 3699 Wilshire Blvd. #520 Los Angeles, CA 90010 or email to dmartin@marchofdimes.com
 For more information on ads call Debbie Martin at 213.637.5041. **Deadline for copy is Sept. 19, 2008.**

Name _____

Company _____

Address _____

City _____ State _____ ZIP _____

Phone (w) _____ (h) _____ (f) _____

Enclosed is my check in the amount of \$ _____ (Please make checks payable to March of Dimes Celebration of Babies)

Please bill my: () VISA () MasterCard () American Express

Card No. _____ Card ID# _____ Exp. Date ____ / ____ Amount \$ _____

Name as it appears on Card _____ Signature _____

Tax ID #13-1846366