

**NORTHWESTERN MEDICINE OSHER CENTER FOR INTEGRATIVE MEDICINE
ANNUAL BENEFIT, FEATURING TIERAONA LOW DOG, M.D.
WEDNESDAY, APRIL 18, 2018
FOUR SEASONS- CHICAGO**

SPONSORSHIP FORM

<input type="checkbox"/> \$50,000 Presenting Sponsor <ul style="list-style-type: none"> ○ Two premier tables for up to 12 guests at the benefit ○ Logo inclusion on the benefit invitation as the benefit's Presenting Sponsor <ul style="list-style-type: none"> ○ Full-color, advertisement in the official program book ○ Logo shown on video screens at event ○ Verbal recognition at podium during benefit program ○ A private VIP Meet and Greet with Dr. Tieraona Low Dog for up to 12 guests at the venue prior to the benefit 	
<input type="checkbox"/> \$25,000 Sponsor <ul style="list-style-type: none"> ○ Two premier tables for up to 12 guests at the benefit ○ Logo inclusion on the benefit invitation as a \$25,000 sponsor ○ Full page, advertisement in the official program book ○ Logo shown on video screens at event ○ Verbal recognition at podium during benefit program 	<input type="checkbox"/> \$5,000 Sponsor <ul style="list-style-type: none"> ○ One table for up to 10 guests at the benefit ○ Logo inclusion on the benefit invitation as a \$5,000 sponsor ○ Logo shown on video screens at event
<input type="checkbox"/> \$15,000 Sponsor <ul style="list-style-type: none"> ○ One table for up to 10 guests at the benefit ○ Logo inclusion on the benefit invitation as a \$15,000 sponsor ○ Full page, advertisement in the official program book ○ Logo shown on video screens at event 	<input type="checkbox"/> \$500 Individual Seats Number of Individual Seats _____ Please include any seating preferences below _____ _____ _____
<input type="checkbox"/> \$10,000 Sponsor <ul style="list-style-type: none"> ○ One table for up to 10 guests at the benefit ○ Logo inclusion on the benefit invitation as a \$10,000 sponsor ○ Half page, advertisement in the official program book ○ Logo shown on video screens at event 	<input type="checkbox"/> Event Contribution In lieu of a sponsorship or ticket purchase my/our contribution to the event is \$ _____
<p>Sponsorship Deadlines- For Inclusion in printed invitation, Friday, January 5, 2018 For Inclusion in event signage and video loop, Friday, March 1, 2018</p>	

Name:				
Address:				
City, State, Zip				
Phone:		E-mail:		
Name For Recognition:				
Payment Options:	<input type="checkbox"/> Enclosed is my check made payable to NM OCIM			
	<input type="checkbox"/> Please charge my credit card in the amount of: \$ _____			
Credit Card Number:		Expiration Date:		CID:
Cardholder Name:		Cardholder Signature:		

**Please return this form to:
NM OCIM BENEFIT**

Osher Center for Integrative Medicine

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For questions please call 312.926.7133.