

A Breath of Hope

MIDWEST LUNG CANCER PATIENT SUMMIT

Saturday, September 28 - Minneapolis Sheraton West

The Midwest Lung Cancer Patient Summit provides support, hope, resources and real tools for patients and caregivers living with lung cancer. The summit offers opportunities to learn about recent research findings, new treatments, clinical trials, and psychosocial topics important to a patient's physical and mental wellness. Being part of a supportive community and being fully informed can lead to improved health outcomes. This is our goal for each attendee.



MIDWEST LUNG CANCER SUMMIT

for patients/survivors and caregivers

For more information: Nancy@abreathofhope.org | 952-807-6111

Saturday, September 28, 2024 9 a.m.-4 p.m. Minneapolis Sheraton West www.abreathofhope.org

BENEFIT	PRESENTING \$25,000 (1 available)	TITLE \$15,000 (2 available)	GOLD \$10,000 (3 available)	SILVER \$5,000 (5 available)	BRONZE \$2,500 (5 available)	DIAMOND \$1,000 (6 available)	FRIENDS \$500 (unlimited)
Your name in event title	Yes	Yes					
Complimentary event registration(s)	4	4	3	2	2	1	
Opportunity to insert advertisement into attendee packets	Yes	Yes	Yes				
Opportunity to provide a welcome to attendees	At keynote to introduce speaker	At a breakout session	At a breakout session	At a breakout session			
Logo and/or name in ABOH printed attendee materials	Name/logo premier placement	Name/logo	Name/logo	Name			
Logo and/or name in ABOHLF e-mail blasts and social media (reaching 20,000+ people)	Name/logo premier placement	Name/logo	Name/logo	Name	Name		
Name or logo on event day signage	Name/logo exclusive sign, premier placement	Name/logo exclusive sign	Name/logo on group sign	Name on group sign	Name on group sign	Name on group sign	
Recognition at Twin Cities Lung Run/Walk, (2,000+ participants)	From stage and on exclusive sign	Exclusive sign	Group sign	Group sign	Group sign	Group sign	
Recognition on A Breath of Hope website	Linked logo, premier palcement	Linked logo	Linked logo	Name	Name	Name	Name
Recognition in ABOH annual report	Name/logo	Name/logo	Name/logo	Name	Name	Name	Name
Table/display opportunity at Summit	Premier location	Premier location	Yes	Yes	Yes	Yes	

2024 Midwest Lung Cancer Summit Sponsorship Form

Please fill out the following form to confirm your chosen sponsorship package. Completed forms can be returned to Nancy@abreathofhope.org or mailed to PO Box 387, Wayzata MN 55391. Questions? Contact Nancy at 952-807-6111.

CONTACT INFORMATION:

Company Name	Contact Name	Contact Phone Number	
Street Address	Contact E-mail Address	City/State/Zip	
SELECT A SPONSORSHIP LEVEL: PAYMENT INFO	RMATION:		
\$25,000 Presenting Sponsor (1 available)	I have enclosed a check made payable to		
A Breath of Hope Lung Foundation			
\$15,000 Title Sponsor (2 available)			
Please send me an invoice \$10,000 Gold Sponsor (3 available)			
Please charge my credit card		Y 1	
<pre>\$5,000 Silver Sponsor (5 available)</pre>			
\$2,500 Bronze Sponsor (5 available) Credi	it Card Number		
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		LUNG	CANCER
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YOUR SUPPORT IS TAX DEDUCTIBLE		FOR PATIE	NTS & CAREGIVERS
\$2,500 Bronze Sponsor (5 available) Credi \$1,000 Diamond Sponsor (6 available) Expiration Date Security Code \$500 Friend Sponsor (Circle one) Visa MC AmEx YOUR SUPPORT IS TAX DEDUCTIBLE		SI	DWEST CANCER MTS & CAREGIVERS

A Breath of Hope Lung Foundation is a 501(c)(3) tax exempt organization (EIN #: 30-0475578) and is proud to meet all standards of the Charities Review Council. All donations are tax deductible to the full extent allowed by law. Charitable donations can vary depending on the goods and services (benefits) you take advantage of. Please contact our staff if you have any questions about the tax-deductible portion of your gift. Payments made through donor-advised funds limit acceptance of goods or services, including comped event registrations.

THANK YOU FOR SUPPORTING A BREATH OF HOPE LUNG FOUNDATION

Once we've received your completed sponsorship form, we will contact you to further discuss event arrangements, sponsorship benefits and recognition. Please send your high-resolution color and black and white logos to camille@abreathofhope.org before September 18 for event signage and program inclusion.

Sponsorship Total: ______Signature: ______