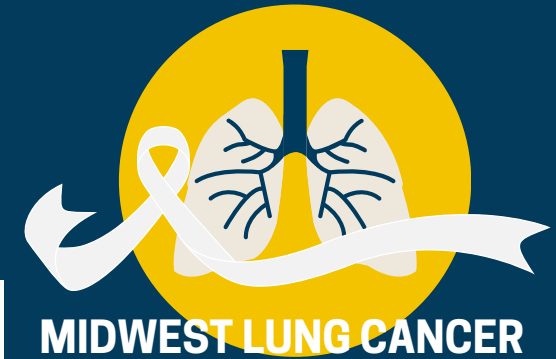


SEPTEMBER 27, 2025 SHERATON MINNEAPOLIS WEST



A Breath of Hope
LUNG FOUNDATION



MIDWEST LUNG CANCER SURVIVOR SUMMIT

| Benefits | Presenter (\$35,000) (1 available) | Champion (\$20,000) (2 available) | Advocate (\$10,000) (Unlimited) | Supporter (\$5,000) (Unlimited) | Friend (\$2,500) (Unlimited) |
|--|--|---|---------------------------------------|---------------------------------------|------------------------------------|
| Name in Title (Day-of) | X | | | | |
| Introduce Emcee or Presenter | Presenter | Emcee | | | |
| Personalized slide in event slideshow (Due by 09/23) | X | X | | | |
| Exclusive Signage By Sponsorship Level (Due 09/18) | On Stage | Near Stage | In Entry | | |
| Reserved Spot for Representative at Presenter Tables (Due 09/25) | 4 | 3 | 1 | | |
| Post/During Event: Meet & Greet with Physicians | X | X | X | X | X |
| Pre-Event: Name/Logo on Website | Logo/Linked | Logo/Linked | Logo | Logo | Name |
| # Comped Registrants | 6 | 5 | 4 | 3 | 2 |
| Pre-Event: Name/Logo on Event Marketing | Logo | Logo | Logo | Logo | Name |
| Name/Logo on All-Sponsor Group Signage (Due by 09/18) | Logo | Logo | Logo | Logo | Name |
| Business Card/Promo Item Inserts in Swag Bag (Due by 09/22) & Name/Logo in Program (09/10) | Up to 4 items & Name/Logo in Program | Up to 4 items & Name/Logo in Program | Up to 3 items & Name/Logo in Program | Up to 2 items & Name in Program | 1 item & Name in Program |
| Tabling/Exhibiting (Due by 09/25) | Yes, featured location | X | X | X | X |
| ABOH Swag: Exclusive ABOH pin (1/registrant) | X | X | X | X | X |
| Post-Event: Recognition in Annual Report | X | X | X | X | X |

All sponsors have the right to use our event logo. For questions, including about charitable donation amount, please contact us at info@abreathofhope.org.

2025 Midwest Lung Cancer Summit Sponsor/Exhibitor Form

Please fill out the following form to confirm your chosen package. Completed forms can be returned to A Breath of Hope's Team at emma@abreathofhope.org. Questions? Call 952-454-0648 or email emma@abreathofhope.org.

CONTACT INFORMATION:

Company or Name

Contact Name

Street Address

City/State/Zip

Contact Email Address

Contact Phone Number

SELECT A LEVEL:

_____ \$35,000 Presenting

_____ \$25,000 Diamond

_____ \$10,000 Platinum

_____ \$5,000 Gold

_____ \$2,500 Silver

PAYMENT INFORMATION:

_____ I have enclosed a check made payable to

A Breath of Hope Lung Foundation

_____ Please send me an invoice

_____ Please charge my credit card

CREDIT CARD INFORMATION:

Credit Card #

Expiration Date

Security Code

_____ Visa _____ MC _____ AmEx
(Circle One)



A Breath of Hope
LUNG FOUNDATION

YOUR SUPPORT IS TAX DEDUCTIBLE

A Breath of Hope Lung Foundation is a 501(c)(3) tax exempt organization and is proud to meet all standards of the Charities Review Council. All donations are tax-deductible to the full extent allowed by law; our EIN is 30-0475578. Charitable deductions 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 event registrations.

THANK YOU FOR SUPPORTING A BREATH OF HOPE LUNG FOUNDATION

Once we've received your completed form, we will contact you to further discuss event arrangements, benefits and recognition. Due dates for your high-resolution color and black and white logos are listed on the sponsorship chart.

Sponsor/Exhibitor Total: _____ **Signature:** _____ **Date:** _____