



# Minnesota Biomarker Summit

For Providers | October 24 | Edina, MN



A Breath  
of Hope  
LUNG FOUNDATION

Benefits	Presenter (\$35,000) (1 available)	Partner (\$20,000) (2 available)	Associate (\$10,000) (Unlimited)	Contributor (\$5,000) (Unlimited)	Patron (\$2,500) (Unlimited)
Name in Title Day-of - Sign and Slideshow (Due 10/21)	X				
Introduce Keynote or Presenter	Keynote Speaker	Presenter			
Personalized Slide in Event Slideshow (Due by 10/21)	X	X			
Post-Event: Comped or Discounted Registration at the Gala (Due 10/30)	5 seats	2 seats			
Exclusive Signage By Sponsor Level (Due 10/16)	On Stage	Near Stage	In Entry		
Reserved Spot for Representative at Presenter Tables	5	3	1		
Pre/Post Event: Meet & Greet with Physicians	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 10/16)	Logo	Logo	Logo	Name	Name
Business Card/Promo Item Inserts in Swag Bag (Due 10/21) & Name/Logo on Program (Due 10/14)	Up to 4 items & Name/Log on Program	Up to 4 items & Name/Logo on Program	Up to 3 items & Name/Logo on Program	Up to 2 items & Name on Program	1 item & Name on Program
Tabling/Exhibiting	Yes, featured location	X	X	X	X
ABOH Swag: Exclusive 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](mailto:info@abreathofhope.org).

# 2025 Minnesota Biomarker 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 outlined in the sponsorship chart.

**Sponsor/Exhibitor Total:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_