



Rural MN Lung Cancer Summit

Screening & Biomarker Testing for Improved Survival
June 6 | Duluth, 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)
		Keynote	Speaker		
Name in Title Day-of - Sign and Slideshow (Due 05/28)	X				
Introduce Keynote or Speaker	Keynote	Speaker			
Personalized Slide in Event Slideshow (Due by 05/28)	X	X			
Pre-Event Billboard/Signage Logo Feature (Due by 04/15)	X	X			
Event-Day Exclusive Signage (Due 05/28)	On Stage	Exhibit Area	Exhibit Area		
Invitation to Biomarker Summit (Minneapolis, 10/24)	3	2	1		
Reserved Spot for Representative at Presenter Tables	4	3	2	1	
Hotel Stay: June 5 and/or 6 (Due 05/05)	3 rooms, 2 nights	2 rooms, 2 nights	2 rooms, 1 nights	1 room, 1 night	
Pre-Event: Name/Logo on Website	Linked Logo	Logo	Logo	Name	Name
# Comped Registrants	5	4	3	2	1
Pre-Event Promotion: Social Media and E-News reaching over 14,500 Subscribers	Logo	Logo	Logo	Name	Name
Name/Logo on All-Sponsor Group Signage (Due 05/28)	Logo	Logo	Logo	Name	Name
Tabling/Exhibiting	1 table, premiere location	1 table	1 table	1 table	1 table
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.

2025 Rural MN Lung Cancer Summit 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

_____ \$20,000 Partner

_____ \$10,000 Associate

_____ \$5,000 Contributor

_____ \$2,500 Patron

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

_____ Will you take advantage of your comped hotel room?

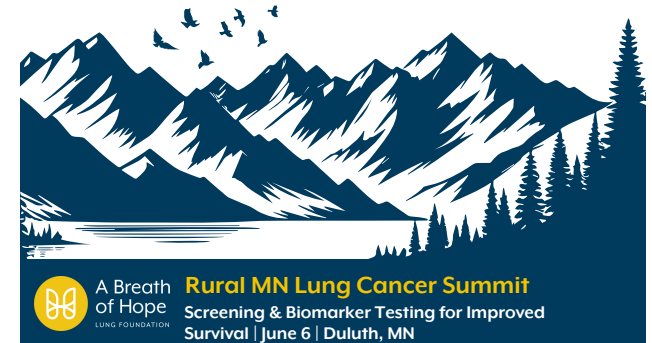
CREDIT CARD INFORMATION:

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:** _____