



Sponsorship Opportunities

Luminary Sponsor -- \$25,000

- Naming sponsor: "CCCC & Your Name Present..."
- Logo placed on welcome sign
- Prime placement of logo on event materials
- Photo with VIP "Stars of Advocacy" Awardees
- Double page ad in program
- Recognition at Gala
- Recognition on CCCC website
- Recognition in media materials
- Premier VIP table placement for 8 guests
- Ability to place a banner at the event

Celestial Sponsor -- \$15,000

- Party favor sponsor — name or logo included on party favor
- Logo placed on welcome sign
- Prominent placement of logo on event materials
- Full page ad in program
- Recognition at Gala
- Recognition on CCCC website
- Recognition in media materials
- Premier VIP table placement for 8 guests
- Ability to place banner at the event

Brilliance Sponsor -- \$10,000

- Desert table sponsor — name on desert table
- Logo placed on welcome sign
- Prominent placement of logo on event materials
- Full page ad in program
- Recognition at Gala
- Recognition on CCCC website
- Recognition in media materials
- Premier VIP table placement for 8 guests
- Ability to place banner at the event

Radiance Sponsor -- \$7,500

- Placement of logo on event materials
- Half page ad in event program
- Recognition on CCCC website
- Table for 8 guests
- Inclusion of materials

Stellar Sponsor -- \$5,000

- Placement of logo on event materials
- Quarter page ad in event program
- Recognition on CCCC website
- Table for 8 guests
- Inclusion of materials

Star Sponsor -- \$2,500

- Placement of logo on event materials
- Listing in event program
- Recognition on CCCC website
- Table for 8 guests
- Inclusion of materials

For questions, please contact Mary at mary@chroniccareca.org or 916-743-3113. Individual Event Tickets are \$200 each. Tables are \$1,600 (tables of 8).

Please complete the "Sponsorship and Ticket" form and return with your payment to the CCCC. Mail Your Form and Check to:

California Chronic Care Coalition
1001 K Street, 6th Floor
Sacramento, CA 95814

Or return your form by email to mary@chroniccareca.org and request an invoice.
All major credit cards excepted.



Sponsorship & Ticket Form

Thank you for your interest in the Stars of Advocacy Gala. Your sponsorship and participation allow us to honor Stars of Advocacy without whom the California Chronic Care Coalition and our member organizations could not do their work on behalf of patients.

Sponsors

I (my organization) would like to be a sponsor of Stars of Advocacy:

- Luminary Sponsor -- \$25,000
- Celestial Sponsor -- \$15,000
- Brilliance Sponsor -- \$10,000
- Radiance Sponsor -- \$7,500
- Stellar Sponsor -- \$5,000
- Star Sponsor -- \$2,500

Tables & Tickets

I would like to attend the Stars of Advocacy Gala:

Table (eight tickets included)

Tickets \$200 each.

I want _____ tickets.

Details

Name:

Email:

Organization:

Street Address:

City/State/Zip code:

If you are a sponsor or wish to have a table, please provide the names of the people attending:

Guest:

Guest:

Guest:

Guest:

Guest:

Guest:

Guest:

Guest:

Payment information:

Enclosed is my check made out to *California Chronic Care Coalition* in the amount of \$

Please invoice me at the email address listed above.

Please charge my credit card:

Mastercard

Visa

Cardholder name:

Credit card #:

Zip code:

Expiration:

Security Code:

Thank you for your generous support and participation!