

2010^{25th} MEDA GALA



A Celebration of Diversity in Business
November 13, 2010 | Minneapolis Convention Center

Your Opportunity to Sponsor

(Please check the box that reflects your company's sponsorship. You will be included on the invitation if responding by 8/13).

\$40,000--PRESENTING SPONSOR

30 seats; full-page color ad (color, premier placement) in Gala program booklet; premier logo placement on all signage and Gala web site; top billing in all press/media and e-marketing efforts; recognition in 2010 MEDA Annual Report; exclusive introduction opportunity at the event.

\$25,000--TITANIUM SPONSOR

24 seats; full-page ad in Gala program booklet; second billing of logo on all signage and Gala web site; second billing in all press/media and e-marketing efforts; recognition in 2010 MEDA Annual Report.

\$15,000--PLATINUM SPONSOR

18 seats; full -page ad in Gala program booklet; displayed logo on signage and Gala web site; recognition in press/media and e-marketing efforts; recognition in the 2010 MEDA Annual Report.

\$10,000--GOLD SPONSOR

14 seats; half-page ad in Gala program booklet; displayed logo on signage and Gala web site; recognition in press/media and e-marketing efforts; recognition in the 2010 MEDA Annual Report.

\$7,500--SILVER SPONSOR

10 seats; half-page ad in Gala program booklet; displayed logo on signage and Gala web site; recognition in press/media and e-marketing efforts; recognition in the 2010 MEDA Annual Report.

\$5,000--BRONZE SPONSOR

6 seats; quarter-page ad in Gala program booklet; displayed logo on signage and Gala web site; recognition in the 2010 MEDA Annual Report.

\$3,000--COPPER SPONSOR

4 seats; quarter-page ad in Gala program booklet, sponsorship recognition on signage and Gala web site; recognition in the 2010 MEDA Annual Report.

\$1,500--ZINC SPONSOR

2 seats; sponsorship recognition in the Gala program booklet and web site; recognition in the 2010 MEDA Annual Report.

Contact Information

Company Name: _____

Contact Name: _____

Alternate Contact for Logo & Ad (if different than above): _____

Address: _____

Phone Number: _____ E-mail Address: _____

I would like to make the payment in the form of: Check Credit Card Invoice

If payment by Credit Card:

Type of Card: Visa Mastercard American Express

Card Number: _____ Exp. Date: _____

Name of Cardholder: _____

Please send completed forms to: MEDA | 250 Second Ave. S., Suite 106. | Minneapolis, MN, 55401
or fax to 612.317.1002; attention: Jan Jordet