

A Celebration of Diversity in Business

2011
MEDA GALA



MINNEAPOLIS CONVENTION CENTER
SATURDAY
NOVEMBER 19

Your Opportunity to Sponsor

(Please check the box that reflects your company's sponsorship. You will be included on the invitation if responding by 8/19).

- \$40,000 PRESENTING Sponsor**
30 seats; full-page color ad (premier placement) in program booklet; premier logo placement on signage and web site; top billing in all press/media and e-marketing efforts; recognition in 2011 Annual Report; exclusive introduction at the event.
- \$25,000 TITANIUM Sponsor**
24 seats; full-page ad in program booklet; second billing of logo on signage and web site; second billing in all press/media and e-marketing efforts; recognition in 2011 Annual Report.
- \$15,000 PLATINUM Sponsor**
18 seats; full -page ad in program booklet; displayed logo on signage and web site; recognition in press/media and e-marketing efforts; recognition in the 2011 Annual Report.
- \$10,000 GOLD Sponsor**
14 seats; half-page ad in program booklet; displayed logo on signage and web site; recognition in press/media and e-marketing efforts; recognition in the 2011 Annual Report.
- \$7,500 SILVER Sponsor**
10 seats; half-page ad in program booklet; displayed logo on signage and web site; recognition in press/media and e-marketing efforts; recognition in the 2011 Annual Report.
- \$5,000 BRONZE Sponsor**
6 seats; quarter-page ad in program booklet; displayed logo on signage and web site; recognition in the 2011 Annual Report.
- \$3,000 COPPER Sponsor**
4 seats; quarter-page ad in program booklet; displayed logo on signage and web site; recognition in the 2011 Annual Report.
- \$1,500 ZINC Sponsor**
2 seats; sponsorship recognition in the program booklet and web site; recognition in the 2011 Annual Report.

Contact Information

Company Name: _____

Contact Name: _____

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

Address: _____

Phone Number: _____ E-mail Address: _____

Form of Payment: Check Credit Card Invoice

Type of Card: Visa Mastercard American Express

Card Number: _____ Exp. Date: _____

Name of Cardholder : _____

Please send completed forms to: Jan Jordet jjordet@meda.net

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