



**ICUJP 2014 REGAS AWARD – PARTICIPATION OPPORTUNITIES
OCTOBER 12, 2014 HOLMAN UNITED METHODIST CHURCH**

Sponsorship Packages

Tribute Journal Ads

- ANGEL** **\$ 10,000 Or More**
10 Tickets (1 table) to Reception; Listing Onscreen; Back cover or inside front or back cover color ad in Tribute Journal; reserved seating for evening program
- MOVER AND SHAKER** **\$ 5,000**
8 Tickets to Reception; Listing Onscreen; Full page b/w ad in Tribute Journal; reserved seating for evening program
- CONSCIOUSNESS RAISER** **\$ 2,500**
6 Tickets to Reception; Listing Onscreen; Half page b/w ad in Tribute Journal; reserved seating for evening program
- JUSTICE SEEKER** **\$ 1,000**
4 Tickets to Reception; Listing Onscreen; Eighth page ad in Tribute Journal reserved seating for evening program
- PEACE MAKER** **\$ 400**
2 Tickets to Reception; Listing in Tribute Journal; reserved seating for evening program

- Full Page Color Ad** **\$ 3,000**
7 1/2" wide x 10" high
- Full Page B/W Ad** **\$ 2,500**
7 1/2" wide x 10" high
- Half Page Color Ad** **\$ 2,000**
7 1/2" wide x 4 7/8" high
- Half Page B/W Ad** **\$ 1,500**
7 1/2" wide x 4 7/8" high
- Quarter Page B/W Ad** **\$ 750**
3 5/8" wide x 4 7/8" high
- Eighth Page B/W Ad** **\$ 375**
3 5/8" wide x 2 3/8" high
- Business Card B/W Ad** **\$ 150**
3 5/8" wide x 1 3/4" high
- Name/Organization Listing** **\$ 75**
75 characters maximum – 12 pt Times

*Sponsorship and Ad Deadline – September 11
Reception Ticket Deadline – September 30*

Please submit your ad as a high-resolution (300 dpi) image file in Tiff, JPG, or PDF format by 9/15/14 to: Regasaward2014@gmail.com

Sponsorship or Ad Price from Above = \$ _____

Reception Tickets \$100 x # of tickets _____ **Table of 10 \$850 x # of tables** _____ = \$ _____

EARLY BIRD RECEPTION PRICE DUE 9/5 - \$85/tkt or \$750/table; # of tkts _____ **# of tables** _____ = \$ _____

Donation to ICUJP ongoing programming = \$ _____

TOTAL Sponsorship, Ad, Reception Tickets and Donation = \$ _____

Your donation is tax-deductible to the extent permitted by law.

-----Please print clearly-----

Name: _____ Title: _____

Organization / Affiliation: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

PAYMENT: _____ Check payable to **ICUJP** enclosed in the amount of \$ _____ OR

Please charge my: _____ Visa _____ MasterCard _____ American Express _____ Discover

Card No. _____ Exp. Date: ____/____/____ CID#: _____

Authorized Signature: _____

*For more information please call ICUJP at (213) 748-1643 or e-mail Regasaward2014@gmail.com
Please mail checks and this form to: ICUJP, 817 West 34th Street, Los Angeles, CA 90089*