

SPONSORSHIP

☐ **Discovery Science Sponsor: \$40,000**

- Logo displayed digitally at the event
- Verbal recognition at the event
- Social media recognition - post event
- Full page ad in the program booklet
- 8 tickets

☐ **Translational Research Sponsor: \$20,000**

- Logo displayed digitally at the event
- Verbal recognition at the event
- Social media recognition - post event
- Half page ad in program booklet
- 6 tickets

☐ **Clinical Research Sponsor: \$10,000**

- Logo displayed at the event
- Acknowledgement in the program booklet
- 4 tickets

☐ **Friend Sponsor: \$5,000**

- Acknowledgement in the program booklet
- 2 tickets

RSVP

I wish to attend:

- ☐ Purchase one ticket to attend: \$375 Attendee Name _____
- ☐ Purchase two tickets: \$700 Attendee Name _____

Payment:

Please make your check to:
Karmanos Cancer Foundation

Charge to (circle one): VISA MASTERCARD AMEX DISCOVER

Card #: _____

Expiration Date: _____ Security #: _____

Name on Card: _____

Signature: _____

Checks mailed to:

Karmanos Cancer Institute
Attn: Linda Filipczak
4100 John R
Mail code: LA04DS
Detroit, MI 48201

Online Payment: www.karmanos.org/chroma

- ☐ **Unfortunately, I am unable to attend** but I wish to donate to cancer research at Karmanos Cancer Institute.

Donation: _____

- ☐ **Honor a loved one by making a \$150 donation:** A gift in honor or memory of someone is a thoughtful way to pay tribute to individuals who have touched our lives. The donations will support cancer research at Karmanos.



If any questions please contact Linda Filipczak @ 313-408-0637