



Department of Aging

## **Fourth Annual Governor's Leadership in Aging Awards**

### *Sponsorship Levels and Benefits*

#### **Platinum Sponsor - \$1,000**

- News media exposure
- Full-page ad in event program
- Sponsor banner displayed at event
- Logo and link on our website
- Logo in event program
- Sponsor acknowledgement at event
- Reserved seating for four guests

#### **Diamond Sponsor - \$750**

- News media exposure
- Half-page ad in event program
- Sponsor banner displayed at event
- Logo and link on our website
- Logo in event program
- Sponsor acknowledgement at event
- Reserved seating for three guests

#### **Gold Sponsor - \$500**

- News media exposure
- Quarter-page ad in event program
- Sponsor banner displayed at event
- Logo and link on our website
- Logo in event program
- Sponsor acknowledgement at event
- Reserved seating for two guests

**Silver Sponsor - \$250**

- Eighth-page ad in event program
- Listed as event sponsor on our website
- Acknowledged as sponsor in event program and at event
- Reserved seating for one guest

**Supporter - \$100**

- Listing as event supporter on our website
- Acknowledged as event supporter in event program



Department of Aging

## Fourth Annual Governor's Leadership in Aging Awards

### *Sponsorship Application Form*

#### SPONSOR INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

#### **Please Check Desired Sponsorship Level:**

\_\_\_\_ Platinum - \$1,000.00

\_\_\_\_ Diamond - \$750.00

\_\_\_\_ Gold - \$500.00

\_\_\_\_ Silver - \$250.00

\_\_\_\_ Supporter - \$100.00

Amount Enclosed: \$ \_\_\_\_\_

#### SPONSOR ACKNOWLEDGEMENT

By submitting and signing this application, I understand that my sponsorship of this event does not constitute support or promotion by the Maryland Department of Aging or the State of Maryland of any product or service provided by my organization.

\_\_\_\_\_  
Signature, Sponsor Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Representative's Name

**RESERVED GUEST SEATING**

**Person(s) Attending Ceremony (*Please Print*):**

_____	_____
_____	_____
_____	_____

NOTE: *Reserved Guest Seating* will be based on the level of sponsorship.

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**PAYMENT**

**Please mail completed application, with check payable to the MARYLAND DEPARTMENT OF AGING, by **April 8, 2011**, to:**

Donna Smith  
Maryland Department of Aging  
301 W. Preston Street  
Suite 1007  
Baltimore, MD 21201

For questions or inquiries, please contact Ms. Smith at 410-767-1271 or email [dms@ooa.state.md.us](mailto:dms@ooa.state.md.us).