

ALUMNI ASSOCIATION

2023 AWARDS CEREMONY

FRIDAY, MAY 12, 2023

NEW Center at NEOMED | 4209 St. Rt. 44, PO Box 95 | Rootstown, OH 44272

5:30 p.m. Reception | **6:30 p.m.** Dinner | **7:15 p.m.** Ceremony

EVENT SPONSOR FORM

PRESENTING SPONSOR

- \$5,000 each (5 available)
- Reserved Dinner Seating for 8
- Recognition in event program
- Recognition on the alumni awards website
- Recognition in the tribute video shown at the event
- Recognition from the podium at the event
- Recognition in alumni e-newsletter before and just after the event

GOLD SPONSOR

- \$1,000 each (10 available)
- Reserved Dinner seating for 6
- Recognition in event program
- Recognition on the alumni awards website
- Recognition from the podium at the event
- Recognition in alumni e-newsletter before and just after the event

TABLE SPONSOR

- \$500 each (20 available)
- Reserved Dinner seating for 4
- Recognition in event program
- Recognition on the alumni awards website
- Recognition in alumni e-newsletter before and just after the event

SPONSOR A STUDENT OR CLASS OF 2023 GRADUATE

- \$50 each
- Purchase of a ticket to send a student or graduate to the dinner



NORTHEAST OHIO MEDICAL UNIVERSITY
ALUMNI ASSOCIATION

Please return the form with payment by May 1, 2023.

- | | |
|------------------------------------------------------------------------------|-----------------------|
| <input type="checkbox"/> Presenting Sponsor \$5,000 each | Total _____ |
| <input type="checkbox"/> Gold Sponsor \$1,000 each | Total _____ |
| <input type="checkbox"/> Table Sponsor \$500 each | Total _____ |
| <input type="checkbox"/> Sponsor a Student or 2023 Graduate \$50 each | Total _____ |
| <input type="checkbox"/> Donation to NEOMED | Total _____ |
| | Subtotal _____ |

- Check here if your sponsorship is to honor an award recipient

Recipient Name: _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

- My check is enclosed

Credit Card Number _____ Expiration Date _____ CSV _____

Name of guest and meal selection

Seat 1 _____ filet vegetarian

Seat 2 _____ filet vegetarian

Seat 3 _____ filet vegetarian

Seat 4 _____ filet vegetarian

Seat 5 _____ filet vegetarian

Seat 6 _____ filet vegetarian

Seat 7 _____ filet vegetarian

Seat 8 _____ filet vegetarian

- Check here if you would like us to fill your table or seat with recent NEOMED grads/students

Make check payable to NEOMED Foundation and send to: 4209 St. Rt. 44, Rootstown, OH 44272



Scan the QR code to make your sponsorship payment online

Under IRS Guidelines, \$450 of the price will be in exchange for benefits received. The balance of your payment may be a tax-deductible contribution to the extent allowed by law. Consult your tax advisor for more information.



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