## Sponsorship Benefits

**For-Profit Businesses**

<table>
<thead>
<tr>
<th>Sponsorship Level</th>
<th>Full-screen &amp; verbal recognition during event*</th>
<th>Half-screen recognition during event*</th>
<th>Quarter-screen recognition during event*</th>
<th>Social media promotion</th>
<th>Complementary job postings on MPHA Careers page**</th>
<th>Logo or Name; Location on digital marketing materials</th>
<th>Listing in MPHA’s 2020 Annual Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting $50k</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Platinum $25k</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gold $10k</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver $5k</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronze $2.5k</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefactor $1k</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*This will be recorded and immediately shared for additional viewings.

**New postings may be added anytime between 8/1/2020 and 12/31/20
A Virtual Breakfast Honoring Dr. Camara Jones
Friday, September 18, 2020
9:00am - 10:00am

Sponsor Name: _______________________________________________________________________________________

As it should appear in marketing materials

Sponsor Address: __________________________
____________________________

City: __________________________

State: ______  Zip: ___________

Socail Media Handle: ______________

Contact Information

Contact Name: __________________________

Contact Title: __________________________

Telephone: __________________________

Email: _______________________________

Sponsorship Levels

☐ Presenting: $50,000

☐ Silver: $5,000

☐ Platinum: $25,000

☐ Bronze: $2,500

☐ Gold: $10,000

☐ Benefactor: $1,000

Payment Information

☐ I will mail a check made payable to MPHA

Name on Card

☐ Please send an invoice

Card Number

☐ I will pay by credit card

Exp. Date  CVV  Zip code

Please complete this form and return to Andrea Freeman, afreeman@mapublichealth.org

If paying by check, please make it payable to MPHA and mail to:
Massachusetts Public Health Association, 50 Federal Street, 8th Floor, Boston, MA 02110

Questions? Contact Andrea Freeman, afreeman@mapublichealth.org, 978-895-0960

Thank you for your support!