

20TH ANNUAL EPIC AWARDS LUNCHEON

BENEFITING THE MENTAL HEALTH ASSOCIATION OF SOUTHEAST FLORIDA
WEDNESDAY MAY 6, 2015 – SIGNATURE GRAND

SPONSOR REGISTRATION

Business/Organization Name (as you wish it to appear in collateral materials):

Contact's name and title: _____

E-mail _____ **Telephone** _____ **Fax** _____

We are proud to support the 2015 EPIC Awards luncheon at the level checked below:

_____ **PLATINUM SPONSOR - \$5,000**
Recognition as Diamond Sponsor at event
Two tables for 16 guests and table signage
Prominent 2 page ad in EPIC Journal
Recognition for underwriting consumers
Sponsor Recognition Award

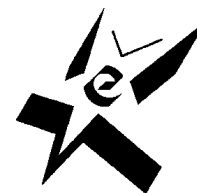
_____ **GOLD SPONSOR - \$2,500**
Seating for eight guests and table signage
Full-page ad in EPIC Journal
Sponsor Award
Recognition for underwriting consumers

_____ **SILVER SPONSOR - \$1,000**
Seating for six guests, table signage,
Sponsor Award &
Full page ad in EPIC Journal

_____ **BRONZE SPONSOR - \$500**
Seating for four guests, table signage,
Sponsor Certificate &
Half page ad in EPIC Journal

_____ **INDIVIDUAL TICKETS - \$70**

_____ **TABLE (Seating for 8) - \$560**



Please list the names of your guests on reverse side.

For additional information call
MHA @ 954-746-2055

Make checks payable to
*Mental Health Association of
Southeast Florida*

**Deadline for recognition in
EPIC Journal is April 27, 2015**
See specs on pg 2

Mail to:

*Mental Health Association of
Southeast Florida
EPIC Awards*

**7145 West Oakland Park Blvd.
Lauderhill, FL 33313**

954-746-2055

epic@mhasefl.org

The 2015 EPIC AWARDS

Wednesday MAY 6, 2015



Congratulatory Sponsorship & Journal Advertisement

Mental Health Association of Southeast Florida

MECHANICAL REQUIREMENTS

Size and Rates:

Size	Dimensions	Rate
Back Cover	7 ½ x 5 ¼ inches	\$350
Inside Cover	7 ½ x 5 ¼ inches	\$250
Full page	7 ½ x 5 ¼ inches	\$125
Half page	5 ¼ x 3 ¾ inches	\$ 75
Quarter page (Business card)	5 ¼ x 2 inches	\$ 50

GENERAL: *Submit vertical orientation camera ready black and white copy only.* The EPIC Committee reserves the right to assign journal placement and determine the appropriateness of proposed advertising to the scope of our event. All Journal advertising must be paid in full no later than April 27, 2015.

ANY QUESTIONS? Contact Chris Yoculan @ 954-746-2055 ext. 106 or email chris@mhasefl.org

Company Name: _____

Representative: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

PAYMENT DIRECTIONS:

☐ Check enclosed (payable to MHA)

☐ Credit Card (Please complete in full): Amount charged \$ _____

____ MasterCard ____ VISA ____ Amer. Express

Account number _____ Security Code _____

Cardholder Name: _____ Exp. date: _____

Signature: _____ Date: _____