

9th ANNUAL COMPASSIONATE CARE CONFERENCE

OCTOBER 21, 2010, MEDICAL OFFICES BUILDING,
O'CONNOR HOSPITAL, SAN JOSE, CA.

SPONSORSHIP FORM

CONTACT INFORMATION

Company Name _____
(Print company name exactly how it should appear on listings, ads, and signs.)

Contact Name _____

Title/Position _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

SPONSORSHIP INFORMATION

- Diamond \$1000.00 - includes your logo on conference banner, two free admissions, recognition on the podium drape, 6 months free advertising on GoWish.org, and a podium introduction.
Full page ad in program
- Platinum: \$ 500.00 - includes your logo on conference banner, two free admissions, and recognition on podium drape.
Full page ad in program
- Gold: \$ 250.00 - includes your logo on conference banner and one free admission
Half page ad in program
- Silver \$ 125.00 - includes your logo on conference banner
Quarter page ad in program
- Bronze: \$ 75.00 - Business Card ad in program
- _____ Our organization would like to contribute an item or piece of information for the "Goodie Bag" that each participant will receive. Please call me at _____ so we can make arrangements!

PAYMENT INFORMATION: checks or money orders only at this time; please make checks payable to **Coda Alliance**. Return payment and application to:

Coda Alliance
2671 Plummer Ave. – 29S
San Jose, Ca. 95125

LOGO SPECIFICATIONS: Logos should be in **Adobe Illustrator File**- outlined, or **EPS** or a minimum of **300 dpi in PDF** format. Logos should be submitted to codaalliance@sbcglobal.net and must be camera ready and received no later than September 1st to be included in the program. For more information on advertising or any other aspect of the conference, please call 408-267-3922.

Thank you for your support, and we will see you at the conference!

A Coda brings a piece of music to a satisfactory close;
CODA ALLIANCE helps bring life to a satisfactory close.