

RSVP

Name _____

Company _____

Address _____

City _____

State _____ Zip _____

Phone _____

Mobile _____ Fax _____

E-mail _____



____ Please charge my sponsorship to the following credit card:

____ AMEX ____ MasterCard ____ VISA

Card Number: _____ Exp. Date: ____ / ____

Cardholder Name: _____

Signature: _____ Date: _____

Call (305) 355-5708 for more information.

The University of Miami is a 501(C)(3) organization (federal ID no. 85-8012620879C-4). Your contribution, less \$130 per person attending the celebration is a tax deductible donation.

A limited number of rooms are available at the Ritz Carlton Hotel exclusively for the evening of February 24th at the special rate of \$269.00. Please call the hotel directly: 786-276-4000, ask for group reservations and mention the University of Miami and this event.

Guest Names:

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

If you do not wish to receive further fundraising communications from the University of Miami's Medical Programs, please send your request in writing to the University of Miami Office of HIPAA Privacy and Security, P.O. Box 019132 (M-879), Miami, Florida 33101

____ Yes, I/we are pleased to attend the MTI Humanitarian Award Celebration.

____ I/we cannot participate at this time but would like to make a 100% tax deductible donation to the Miami Transplant Institute in the amount of \$ _____.

Please reserve _____ seats at \$250 per person

(List guest names on reverse)

SPONSORSHIP LEVELS (check level) Total Amount

Leading Sponsor _____ \$25,000 \$ _____

- One table (10 guests) with premiere seating
- Featured placement on electronic scroll of honor and signage at the event
- Ten guests at the VIP pre-reception with opportunity to meet guest of honor
- Opportunity for an MTI Division Chief to be seated at your table
- Platinum full page advertisement in "leading" section of the program book*
- Personal and/or corporate profile, photo and logo on miamitransplant.com website
- A permanent commemorative plaque with your name on the MTI Donor Wall of Honor
- Listing in MTI Newsletter
- Listing with logo on MTI Website with link to sponsors' website available

Idol Sponsor _____ \$10,000 \$ _____

- One Table (10 guests) with premium seating
- Listing on electronic scroll of honor and signage at the event
- Two guests at the VIP pre-reception with opportunity to meet guest of honor
- Opportunity for an MTI transplant surgeon sitting at your table
- Full page advertisement in "idol" section of the program book*
- A permanent commemorative plaque with your name on the MTI Donor Wall of Honor
- Listing in MTI Newsletter
- Listing with logo on MTI Website with link to sponsors' website available

Champion Sponsor _____ \$5,000 \$ _____

- One Table (10 guests) with preferred seating
- Listing on electronic scroll of honor and signage at the event
- Two guests at the VIP pre-reception with opportunity to meet guest of honor
- One half page advertisement in "Champion" section of program book*
- A permanent commemorative plaque with your name on the MTI Donor Wall of Honor
- Listing in MTI Newsletter
- Listing with logo on MTI Website

Winning Sponsor _____ \$3,500 \$ _____

- One Table (10 guests)
- Listing as a Winning Sponsor in the printed program, electronic scroll of honor and signage at the event*
- Listing in MTI Newsletter
- Listing on MTI Website

Promotional Considerations are subject to date agreement is finalized and contingent upon meeting printing deadlines. Program deadline is February 1, 2010.*

Please send digital file via e-mail or CD (Photoshop, PDF, Word Document, JPEG) or attach your ad copy to this form. Please send to Susan@EventuresMiami.com or Call Susan at (305) 274-4772 for more information.