



10th Annual

Battle of the Minds 2012



Renaissance Vinoy Resort - March 17, 2012

ATTENDING SPONSOR LEVEL	Mastermind \$30,000	Mensa \$25,000	Genius \$10,000	Intellectual \$5,000	Expert \$3,000	Specialist \$1,500
Seating	SOLD Table of 8 Table of 8 Table of 8 Table of 8	Table of 8 Table of 8 Table of 8 Table of 8	Table of 8 Table of 8 Table of 8	Table of 8 Table of 8	Table of 8	Table of 8
Event Program Ad	Presenting Sponsor on Front Cover	Inside front cover or Centerfold	Inside back cover plus 1 page	2 pages	1 page	1/2 page
Event Signage	yes	yes	yes	yes	yes	yes
Electronic Displays	yes	yes	yes	yes	yes	yes
Event Publicity	yes	yes	yes	yes	yes	yes
Free Clinic Newsletter	yes Article	yes Article	yes	yes	yes	yes
1970 Circle	Benefactor	Benefactor	Champion	Patron	Patron	Provider
Podium Recognition	yes	yes	yes	_____	_____	_____
Silver Sustainer Circle	Investor	Investor	Pacesetter	_____	_____	_____
Logo on Website	yes	yes	yes	_____	_____	_____



St. Petersburg Free Clinic

Food - Shelter - Health Care

863 3rd Avenue North
 St. Petersburg, FL 33701
 727-821-1200
 Fax 727-821-9263
www.stpetersburgfreeclinic.org
debbie.sokolov@stpetersburgfreeclinic.org



PROGRAM AD ONLY

Full Page
\$500

Half Page
\$350

Quarter Page
\$150

Business Card
\$75

Please note: Deadline for receipt of ad copy and black and white camera-ready ads is February 24, 2012.

Battle of the Minds is a charity fundraiser that benefits the programs and services offered by St. Petersburg Free Clinic.

SPONSORSHIP COMMITMENT

Company/Individual _____

Address _____

City _____ State _____ Zip _____

Phone () _____ E-mail _____

____ Specialist \$1,500 ____ Expert \$3,000 ____ Intellectual \$5,000 ____ Genius \$10,000
1 Table of 8 1 Table of 8 2 Tables of 8 3 Tables of 8

____ **SOLD** Mastermind \$30,000 ____ Mensa \$25,000
1 Table of 8 4 Tables of 8

**NOTE: VALUE RECEIVED PER ATTENDEE IS \$75
BALANCE IS TAX DEDUCTIBLE.**

SPONSORSHIP DEADLINE FOR FULL PAYMENT IS 2/24/2012.

PROGRAM AD ONLY

____ Full Page ____ Half Page ____ Quarter page ____ Business Card
\$500 \$350 \$150 \$75

**NOTE: DEADLINE FOR RECEIPT OF BLACK & WHITE CAMERA-READY AD COPY IS FEBRUARY 24, 2012.
SEND AD COPY AND/OR CAMERA-READY ART TO: STEVE.KILBURN@STPETERSBURGFREECLINIC.ORG**

PAYMENT/DONATION INFORMATION

____ Check enclosed for \$ _____ payable to **St. Petersburg Free Clinic**

____ Mastercard ____ Visa ____ American Express

Card # _____ Expiration Date _____

Cardholder Name (print) _____ CVV Code _____

Billing Address _____ Zip _____

Signature _____

In lieu of sponsorship or ad I am making a fully tax-deductible donation of \$ _____



**St. Petersburg
Free Clinic**

Food - Shelter - Health Care

For questions about sponsorships, please contact:

Debbie Sokolov
Director of Development
727-821-1200 ext. 110
debbie.sokolov@stpetersburgfreeclinic.org

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, WITHIN THE STATE, 1-800-435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. State registration # CH1823. A professional solicitor has not been retained and the St. Petersburg Free Clinic receives 100% of your contribution.

ST. PETERSBURG FREE CLINIC
Sponsorship and Program Advertising

Full Page
4.9167" x 7.8333"
\$500

Questions about design or format please contact:
Steve Kilburn
St. Petersburg Free Clinic
727-821-1200 ext. 108
or steve.kilburn@stpetersburgfreeclinic.org

ST. PETERSBURG FREE CLINIC
Sponsorship and Program Advertising

Half Page
4.9167" x 3.7778"
\$350

Quarter Page
2.3264" x 3.7778"
\$150

Business Card
(4 to a page)
3.5" x 1.867"
\$75