

SPONSOR PROGRAM AD SPECIFICATIONS

6th Annual Prototypes Partners'
Celebrating Mothers Luncheon, Saturday, April 14, 2018

Full page: 8.5" wide x 6.5" tall
Half page size: 4.125" wide x 6.5" tall
Quarter page size: 4.125" wide x 3.125" tall

Ad artwork specifications:

Please send a high resolution (300 dpi) pdf or jpg file, saved at 100%.

Ads can be full color, please send as cmyk files.

If ad is b+w, please send as Grayscale.

All artwork files should be electronic and emailed to:

acarlton@prototypes.org

In the subject line of your email, please include your company name and ad size.

Please name all art files with your company name.

Deadline to receive ads and artwork is Monday, March 26, 2018.

Questions? Please contact Amy Carlton at 213.618.5179.

Thank you for supporting Prototypes!







EVENT SPONSOR REGISTRATION FORM

Celebrating Mothers Luncheon Saturday, April 14, 2018

SPONSOR INFORMATION Company _____ Additional contact for marketing materials, if needed: Contact _____ City ______ State ____ Zip _____ Phone ____ Email ____ Phone ___ SPONSORSHIP LEVEL **SPONSOR** Program Ad: Full page Platinum Sponsor Package: \$10,000 (tax-deductible: \$9,500) Reserved seats: 20 **PROGRAM AD** Please see attached ☐ Diamond Sponsor Package: \$5,000 (tax-deductible: \$4,500) Reserved seats: 15 Program Ad: 1/2 page for Ad Specifications. Gold Sponsor Package: \$2,500 (tax-deductible: \$2,250) Reserved seats: 10 Program Ad: 1/2 page Please also include Silver Sponsor Package: \$1,000 (tax-deductible: \$900) Reserved seats: 4 Program Ad: 1/4 page your logo as a Bronze Sponsor Package: \$500 (tax-deductible: \$450) Reserved seats: 2 Program Ad: 1/4 page separate file. **INDIVIDUAL GUESTS** 15. _____ 7: _____ 9. _______ 19. _____ ______ 20. ____ PAYMENT INFORMATION You may use the section below to mail in your payment, or visit our website to make the sponsorship payment online: prototypes.org/celebratingmothers2018 ☐ My check payable to Prototypes is enclosed. ☐ Please charge my credit card. Check one: Type of Card: ☐ MasterCard □ VISA □ American Express Name on Card _____ Credit Card # _____ CVC # _____ Signature _____ For authorization purposes, please fill in your billing address, if different from the address listed above. Billing address: Same as above Contact _____ Address _____

PLEASE MAIL OR EMAIL THIS FORM, along with your payment, to:

Prototypes, Attn: Amy Carlton

1000 North Alameda Street, Suite 390, Los Angeles, CA 90012

City ______ State ____ Zip _____

acarlton@prototypes.org 213.618.5179





Prototypes is a 501(c)(3) nonprofit organization.