

23RD ANNUAL EPIC AWARDS LUNCHEON

BENEFITING YOUR MENTAL HEALTH ASSOCIATION OF SOUTHEAST FLORIDA
WEDNESDAY MAY 9, 2018 – 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 2018 EPIC Awards luncheon at the level checked below:

_____ **PLATINUM SPONSOR - \$3,000**
Journal recognition as Platinum Sponsor
Two tables, seating for 20 guests and table signage
Cover or full centerfold (2 Page) ad in EPIC Journal
Recognition for underwriting consumers
Sponsor Recognition Award
40 raffle tickets

_____ **GOLD SPONSOR - \$2,000**
Journal recognition as Gold Sponsor
Two table seating for 16 guests and table signage
One page ad in EPIC Journal
Recognition for underwriting consumers
Sponsor Recognition Award
16 raffle tickets

_____ **SILVER SPONSOR - \$750**
Journal recognition as Silver Sponsor
Seating for 8 guests, table signage,
Half page ad in EPIC Journal
Sponsor Recognition Award

_____ **INDIVIDUAL TICKETS - \$75**

_____ **TABLE (Seating for 8) - \$575**



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 27th,
2018**

See specs on page 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

ONLINE PAYMENTS:

www.mhasefl.org

2018 EPIC AWARDS

Wednesday MAY 9, 2018



Congratulatory Sponsorship & Journal Advertisement

Mental Health Association of Southeast Florida

MECHANICAL REQUIREMENTS

Size and Rates:

Size	Dimensions	Rate
Inside Back Cover	H7 ½ x W5 ¼ inches	\$300
Inside Front Cover	H7 ½ x W5 ¼ inches	\$300
Full page	H7 ½ x W5 ¼ inches	\$200
Half page	H3 ¾ x W5 ¼ inches	\$100
Quarter page (Business card)	H2 x W5 ¼ 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, 2018.**

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

Company Name: _____

Representative: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

PAYMENT:

☐ 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 _____

Online payments: www.mhasefl.org