

# DR. MARTIN LUTHER KING, JR.

## Annual Breakfast & Statewide Day of Service

### 2019 SPONSORSHIP RESERVATION FORM

#### SPONSORSHIP LEVELS

PLATINUM \$6,000	GOLD \$4,000	SILVER \$3,000	BRONZE \$1,750	FRIEND \$650
<ul style="list-style-type: none"> <li>• One Designated Table of Eight (8) at the Breakfast</li> <li>• Onsite Signage</li> <li>• Full Page Ad in Breakfast Program</li> <li>• Recognition of Sponsorship in DSBA Journal</li> </ul>	<ul style="list-style-type: none"> <li>• One Designated Table of Eight (8) at the Breakfast</li> <li>• Onsite Signage</li> <li>• Half Page Ad in Breakfast Program</li> <li>• Recognition of Sponsorship in DSBA Journal</li> </ul>	<ul style="list-style-type: none"> <li>• Half Table of Four (4) at the Breakfast</li> <li>• Onsite Signage</li> <li>• Quarter Page Ad in Breakfast Program</li> <li>• Recognition of Sponsorship in DSBA Journal</li> </ul>	<ul style="list-style-type: none"> <li>• Two (2) Tickets to the Breakfast</li> <li>• Onsite Signage</li> <li>• Recognition of Sponsorship in Breakfast Program</li> <li>• Recognition of Sponsorship in DSBA Journal</li> </ul>	<ul style="list-style-type: none"> <li>• Recognition of Sponsorship in the Breakfast Program</li> <li>• Recognition of Sponsorship in DSBA Journal</li> </ul>

#### PLEASE INDICATE PARTICIPATION LEVEL:

Platinum (\$6,000)    
  Gold (\$4,000)    
  Silver (\$3,000)    
  Bronze (\$1,750)    
  Friend (\$650)

#### CONTACT INFORMATION

Name of Sponsor (As you'd like it to appear in Event Materials): \_\_\_\_\_ Sponsor Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### PAYMENT METHOD PAYMENT IN FULL MUST ACCOMPANY RESERVATION FORM.

Enclosed is a check for \$ \_\_\_\_\_ made payable to DSBA.  
 Charge in the amount of \$ \_\_\_\_\_ to:  MasterCard  Visa  AMEX  Discover     Card Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

1. Please email firm/organization logo for inclusion in event material to Rebecca Baird at rbaird@dsba.org.
2. Ad Sizes (Platinum/Gold/Silver Sponsors Only). Ads must be 4-color and 300 dpi or higher:  
 Full Page Ad: 7.5" wide x 10" high  
 Half Page Ad: 7.5" wide x 4.75" high  
 Quarter Page Ad: 3.5" wide x 4.75" high
3. The Sponsor Contact will be sent a unique code to register attendees online once the registration form and payment are received. All sponsor seats must be registered by January 7, 2019. Any sponsor seats not registered by January 7, 2019 will be donated back to the event.

For Office Use Only

**Thank you for supporting the Dr. Martin Luther King, Jr.  
Annual Breakfast & Statewide Day of Service on January 21, 2019.**

Refunds issued if cancellation is received no later than one week prior to an event. All refund requests must be in writing. Call DSBA at (302) 658-5279 for more information. Please make a copy of the sponsorship form for your records!

**COMPLETED SPONSORSHIP FORMS AND PAYMENT ARE DUE BY DECEMBER 20, 2018.**

Return to: Delaware State Bar Association, 405 North King Street, Suite 100, Wilmington, Delaware 19801 or Fax: (302) 658-5212  
**Individual tickets are available for purchase for \$35 per person. Visit [www.dsba.org](http://www.dsba.org) for online registration.**