

Sponsorship Commitment Form
Deadline to Register is December 8, 2017

Event Date: Saturday, February 10, 2018
10:00 am – 2:00 pm
Exposition Park, Los Angeles



The L.A. Trust
Tooth Fairy
Convention
ORAL HEALTH INITIATIVE


Benefits	Platinum Sponsor \$25,000+	Gold Sponsor \$15,000+	Silver Sponsor \$10,000+	Bronze Sponsor \$5,000+
Exhibit table and booth	✓	✓	✓	✓
Listing on TFC Passport	✓	✓	✓	✓
Logo on all official TFC posters and flyers	✓	✓	✓	✓
Logo and hyperlink featured on conference web page	✓	✓	✓	✓
Premium exhibit table location	✓	✓	✓	
Logo featured on stage	✓	✓	✓	
Highlighted in 3 of The L.A. Trust e-mail blasts to database	✓	✓	✓	
Half page presence in TFC Passport	✓	✓		
Logo on official TFC satchel	✓	✓		
Featured in TFC promotional video	✓	✓		
30-60 sec commercial of choice aired on rolling loop in dining area	✓			
Nominate your own "Tooth Fairy of the Year" awarded at ceremony	✓			
Up to 10 complimentary meal vouchers for friends and family	✓			

Underwriting Opportunities

In addition to our regular sponsorship levels, we also offer exclusive underwriting opportunities
These have limited availability, so please contact us prior to payment to confirm availability

<input type="checkbox"/> Kids' Area Underwriter Have your organization's logo displayed at entry to and throughout the children's activity and education area	\$4,000
<input type="checkbox"/> Parking Underwriter Your organization's logo will be featured on directional signage to and around the parking structure	\$3,500
<input type="checkbox"/> Staging Underwriter Help us provide for stage and video/sound equipment and get your organization's logo as a key part of the on-stage scenery	\$2,500
<input type="checkbox"/> Food/Beverage Underwriter Have your organization's logo displayed at the food and beverage station	\$5,000

Sponsor Level: <input type="checkbox"/> Platinum <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze	Underwriting Option: _____	Amount: \$ _____
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	Contact Person _____ Title _____ Organization Name _____ <small>(as you wish it to appear in publications)</small> Address _____ City _____ State _____ ZIP _____ Phone _____ E-mail _____ Fax _____ Website _____ Payment Preference: <input type="checkbox"/> invoice me <input type="checkbox"/> check enclosed
	Exhibit space is limited. Please return form to The L.A. Trust by email to: toothfairy@thelatrust.org Or mail: 333 S. Beaudry Avenue, 29 th Floor, Los Angeles, CA 90017

