



2024 Sponsorship Opportunities
31st Annual Tauber/Fainer, MD Awards Luncheon
Sunday, June 9, 2024, from 1:00-4:00 p.m.,
at Rancho Santa Clara del Norte (The Lloyd-Butler Ranch), in Oxnard, CA

2024 Honorees:
TBA

Name or Company Name: _____
Please print name above as it should appear in program & media releases

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Diamond Sponsor \$5,000
 Inclusion and prominence in all newspaper and event publicity; mentioned as benefactor in invitations and prominent full-page ad or inside back cover in program; seating for 6 at the event, and name recognition on VCMRF's website for a year.

Ruby Sponsor \$3,000
 Inclusion and acknowledgement in all newspaper and event publicity; 1/2-page ad in program; seating for 4 at the event, and name recognition on VCMRF's website for a year.

Gold Sponsor \$2,000
 1/4-page ad in program; seating for 4 at the event, and name recognition on VCMRF's website for a year.

I/we are unable to attend but wish to make a tax-deductible donation of \$ _____
 My Grand Total is: \$ _____

Silver Sponsor \$1,200
 1/4-page ad in program; seating for 2 at the event, and name recognition on VCMRF's website for a year.

Bronze Sponsor \$800
 Recognition in the program (company/person's name listed) and on VCMRF's website for a year, and seating for 2 at the event.

Tickets: Includes-Luncheon / Welcome drink
 I/we would like to purchase _____ tickets at:
 \$195 per person, before February 23rd
 \$225 per person, after February 23rd
 \$150, if you are past award winner (add'l tickets are regular price)

I/we would like to be a supporter for \$300 (which includes website recognition for one year)

I/we would like to reserve a table for 10 for \$1,800

Please make checks payable to:
Ventura County Medical Resource Foundation
 Mail to: 199 Figueroa Street, Second Floor, Ventura, CA 93001
 FAX: (805) 641-9008 • Phone: (805) 641-9800
 Email: Jessica@vcmr.org

MC/Visa #: _____

I'd like to pay the processing fees Y N

Name on Card: _____ Exp. Date: _____ CVV: _____

Address if different from above: _____

Cardholder Signature: _____