



Tuesday, May 7, 2024

Education Sessions 8:00 a.m. - 3:30 p.m.
Keynote Luncheon 11:30 a.m. - 1:00 p.m.

Embassy Suites Conference Center
12520 Westport Pkwy, La Vista, NE

2024 Sponsorship Opportunities

Gold Sponsor
\$10,000

Includes Special Invitation to meet Keynote Speaker Dr. Joann Sweasy!

- Premier location table of 10 at keynote luncheon
- Ten free conference registrations
- Vendor booth (if desired)
- Company logo on conference brochures, registration forms, email blasts and program (contingent on sponsorship commitment meeting print deadlines)
- Company logo on signage during annual luncheon and in conference slideshow
- Verbal recognition from podium during annual luncheon
- Company logo and link on ATTH website an entire year!

Silver Sponsor
\$5,000

Includes Special Invitation to meet Keynote Speaker Dr. Joann Sweasy!

- Table of 10 at keynote luncheon
- Five free conference registrations
- Company logo on conference brochures, registration forms, email blasts and program (contingent on sponsorship commitment meeting print deadlines)
- Company logo on signage during annual luncheon and in conference slideshow
- Verbal recognition from podium during annual luncheon
- Company logo and link on ATTH website an entire year!

Bronze Sponsor
\$2,500

- Table of 10 at keynote luncheon
- Company logo on signage and program during annual luncheon and in conference slideshow (contingent on sponsorship commitment meeting print deadlines)
- Verbal recognition from podium during annual luncheon
- Company logo and link on ATTH website an entire year!

Your sponsorship can be customized to fit the needs of your organization!
Please contact brenda@atth.org or call 402-401-6083 and ask for Brenda.



Sponsorship Confirmation Form

Please respond by **March 1, 2024**, for full recognition benefits and inclusion in the event program.

Email completed form & your organization's logo to **Jessica Schaaf** at jessica@atth.org

OR visit www.atth.org/sponsor to register for your sponsorship

OR mail this completed form with your payment to: (PLEASE NOTE ADDRESS)

A Time To Heal Cancer Foundation
8707 West Center Rd. Ste 101
Omaha, NE 68124

.....
Organization Name

.....
Contact Name & Job Title

.....
Billing Address

.....
City, State, Zip

.....
Email

.....
Phone

Please confirm me now as a sponsor - the check will arrive by:

My check is enclosed My check is coming from my donor-advised fund

Please charge my credit card for the amount indicated below

Please include the 3% credit card processing fee as an additional gift to A Time to Heal

Card Type: Visa MasterCard AmEx Discover

Name as it appears on card:

Card Number:

Expiration Date: Security Number:

Please indicate your participation level:

Gold Sponsor \$10,000 Unable to attend - please give my table seats to survivors/caregivers

Silver Sponsor \$ 5,000 Unable to attend - please give my table seats to survivors/caregivers

Bronze Sponsor \$ 2,500 Unable to attend - please give my table seats to survivors/caregivers

General Donation \$ _____

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