

SPONSORSHIP OPPORTUNITIES

INTERNATIONAL LAM RESEARCH CONFERENCE & LAMPOSIUM



September 26-28, 2025 • Kansas City, MO

SOLD

PRESENTING SPONSOR

\$50,000

- Premium pre-event recognition, promotion, and all signage
- Premium logo placement in all print, digital and e-communications, on invitation and at podium
- Special recognition from podium
- Complimentary exhibitor space
- Logo and link on our website
- VIP seating for 10 at the Breath of Hope Gala
- 4 tickets for research conference, patient and LAMposium sessions, and Breath of Hope Gala

INNOVATION SPONSOR

\$25,000

- Premium pre-event recognition, promotion, and all signage
- Logo placement in print & digital communications, on website, and at podium
- Complimentary exhibitor space
- Logo and link on our website
- VIP seating for 8 at the Breath of Hope Gala
- 2 tickets for research conference, patient and LAMposium sessions, and Breath of Hope Gala

DISCOVERY SPONSOR

\$10,000

- Pre-event recognition, promotion, and all signage
- Logo and link on our website
- Complimentary exhibitor space
- VIP seating for 6 at the Breath of Hope Gala
- 2 tickets for research conference, patient and LAMposium sessions, and Breath of Hope Gala

COLLABORATION SPONSOR

\$5,000

- Pre-event recognition, promotion, and all signage
- Logo and link on our website
- Complimentary exhibitor space
- 1 tickets for research conference, patient and LAMposium sessions, and Breath of Hope Gala

BREATH OF HOPE GALA TABLE SPONSOR

\$2,500

- Sponsor name in Breath of Hope Gala program and on-site signage
- VIP seating for 8 at the Breath of Hope Gala

GALA CENTERPIECES

\$2,000

- Sponsor name on centerpiece table top signs
- Two Breath of Hope Gala tickets
- Sponsor name in LAMposium program guide
- Sponsor name listed on Website
- Sponsor listed in The LAM Foundation Currents newsletter

☐ **ENTERTAINMENT SPONSOR** **\$2,000**

- Sponsor name on banner at venue
- Two Breath of Hope Gala tickets
- Sponsor name in LAMposium program guide
- Sponsor name listed on Website
- Sponsor listed in The LAM Foundation Currents newsletter

☐ **TOTE BAG SPONSOR** **\$1,500**

- Sponsor name on tote bags
- Sponsor name in LAMposium program guide
- Sponsor name listed on Website
- Sponsor listed in The LAM Foundation Currents newsletter

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☐ **POSTER BOARD ROOM SPONSOR** **\$1,500**

- Sponsor name on signage
- Sponsor name in LAMposium program guide
- Sponsor name listed on Website
- Sponsor listed in The LAM Foundation Currents newsletter

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☐ **ROSE CEREMONY SPONSOR** **\$1,000**

- Sign at Gala
- Sponsor name in Breath of Hope Gala program
- Sponsor name listed on Website
- Sponsor listed in The LAM Foundation Currents newsletter

☐ **REMEMBRANCE ROOM SPONSOR** **\$1,000**

- Sponsor name on signage outside room
- Sponsor name in Conference program
- Sponsor name listed on Website
- Sponsor listed in The LAM Foundation Currents newsletter

☐ **PHOTO BOOTH SPONSOR** **\$2,000**

- Sponsor name on signage at booth
- Sponsor name in Breath of Hope Gala program
- Sponsor name listed on Website
- Sponsor listed in The LAM Foundation Currents newsletter

☐ **KC SOCCER GAME SPONSOR** **\$1,000**

- Sponsor name in Conference program
- Sponsor name listed on Website
- Sponsor listed in The LAM Foundation Currents newsletter

Final deadline is June 30, 2025.
Custom sponsorship packages are also available.

SPONSORSHIP PAYMENT FORM

INTERNATIONAL LAM RESEARCH CONFERENCE & LAMPOSIUM



September 26-28, 2025 • Kansas City, MO

Your Name: _____

Type of Sponsorship: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Sponsor Signature: _____ Organization: _____ Date: _____

_____ Yes, we are happy to sponsor and attend the gala. \$ _____

_____ We cannot attend, but please accept our contribution \$ _____

Please make checks payable to The LAM Foundation.

To make an Electronic Funds Transfer payment, please contact Jenny Jostworth at finance@thelamfoundation.org or (513) 777-6889.

Please charge my credit card: \$ _____

Card Type: (circle one) Visa Mastercard American Express Discover

Credit Card # _____ Expiration Date _____ CVV _____

Name as it appears on the card _____ Cardholder Signature _____

Please submit the completed form to Sjenks@thelamfoundation.org, or by mail, by **June 30, 2025**.
The LAM Foundation is a 501(c)3 organization. Federal Tax ID: 31-1438001.

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