# SPONSORSHIP OPPORTUNITIES



September 26-28, 2025 • Kansas City, MO

# 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

## SOL

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

# SOLD

#### 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

# SOL

#### **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

# SPONSORSHIP PAYMENT FORM



September 26-28, 2025 • Kansas City, MO

| Your Name:   |                 |                        |                                |                   |
|--|-----------------|------------------------|--------------------------------|-------------------|
| Type of Sponsorship:                                       |                 |                        |                                |                   |
| Address:   |                 |                        |                                |                   |
| City:  |                 |                        |                                |                   |
| Email:   | Phone:          |                        |                                |                   |
| Sponsor Signature:   | Organization:   |                        | Date:                          |                   |
| Yes, we are happy  | to sponsor an   | d attend the gala.     | \$                             |                   |
| We cannot attend   | , but please ac | cept our contribution  | \$                             |                   |
|  |                 | Please make            | checks payable to The          | e LAM Foundation. |
| To make an Electronic Funds Transfer<br>or (513) 777-6889. | r payment, pled | ase contact Jenny Jost | worth at <u>finance@thel</u> d | amfoundation.org  |
| 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   |                                |                   |
|  |                 |                        |                                |                   |

The LAM Foundation is a 501(c)3 organization. Federal Tax ID: 31-1438001.

Please submit the completed form to Sjenks@thelamfoundation.org, or by mail, by June 30, 2025.