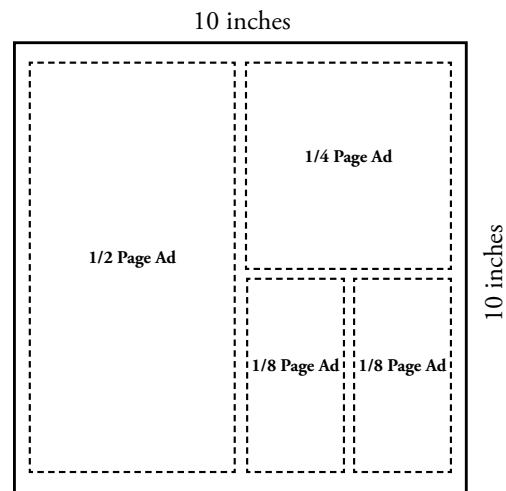


# CMA ANNIVERSARY BOOK ADS

This ad will appear in the 150th Anniversary Book sent to approximately 26,000 people.



- Full-page color ad .....\$3,000
- Full-page black and white ad .....\$2,000
- 1/2-page black and white ad .....\$1,500
- 1/4-page black and white ad ..... \$750
- 1/8-page black and white ad ..... \$500



Book will be printed in 10 inch by 10 inch format.

## CMA 150TH SPONSORSHIP PACKAGES

	FRIEND	SUPPORTER	PATRON	EXECUTIVE	CHAMPION
	\$2,500	\$5,000	\$10,000	\$20,000	\$30,000
Ad in Commemorative Book	1/8 p	1/4 p	1/2 p	1 p	1 p color
Ad in CMAF Annual Dinner Program	1/8 p	1/4 p	1/2 p	1/2 p	1 p
Ad on California Physician Website		3x	3x	4x	6x
Ad in CMA Alert			2x	4x	6x
Ad in CMA Alert Digest					2x
Recognition on the 150th Anniversary Website	■	■	■	■	■
Signage at the Annual Meeting	■	■	■	■	■
Signage at the Annual Dinner		■	■	■	■
Verbal Recognition at Annual Meeting		■	■	■	■
Name Projected on Big Screen at Annual Meeting					■
Sponsor of the Coffee Break at Annual Meeting					■
Invitation to Anniversary Celebration & Reception		2	4	6	10
Invitation to Wine Tasting Tour of Napa Valley				6	10
Supporter of CMA State Fair Exhibit		■	■	■	■
Exhibitor of CMA Pain Symposia			1x	2x	2x

# CALIFORNIA MEDICAL ASSOCIATION SESQUICENTENNIAL AGREEMENT



## SPONSOR INFORMATION

Name \_\_\_\_\_

Organization \_\_\_\_\_

Street address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

## SPONSOR LEVEL Please select your sponsorship level.

- Champion - \$30,000     Executive - \$20,000     Patron - \$10,000  
 Supporter - \$5,000     Friend - \$2,500

## AD LEVEL

- Full-page color ad - \$3,000                       1/4-page black and white ad - \$750  
 Full-page black and white ad - \$2,000                       1/8-page black and white ad - \$500  
 1/2-page black and white ad - \$1,500

**Deadline to reserve your sponsorship package and/or your advertisement space is August 15th.**

## PAYMENT

TOTAL \$ \_\_\_\_\_

Check enclosed (*make payable to California Medical Association*)

Charge my credit card:     Mastercard     VISA     AmEx

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature X \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative (Print Name)

\_\_\_\_\_  
CMA Representative (Print Name)

\_\_\_\_\_  
Authorized Representative Signature    Date

\_\_\_\_\_  
CMA Representative Signature                      Date

Please Return Form to:    California Medical Association  
   Attn: Center for Communication  
   1201 J Street, Suite 200  
   Sacramento, CA 95814-2906  
   Fax: (916) 444-5689

Questions? Call CMA's Center for Communication at (916) 551-2560 or e-mail [advertising@cmanet.org](mailto:advertising@cmanet.org).