



MYLAN PARK, MORGANTOWN, WV

**FEB 1<sup>st</sup>**

#FISHFRY2019 ★ 5:30-9:30PM

PRESENTED BY



BENEFITTING



REMEMBER the MINERS.org  
America's Real Source of Energy

WVU Cancer Institute

## SPONSORSHIP OPPORTUNITIES & AGREEMENT

	Presenting	Platinum	Gold	Bar (Silver)	VIP Reception (Silver)	Premium (Bronze)	Reserved Table
Sponsorship Price	\$25,000	\$15,000	\$10,000	\$5,000	\$5,000	\$2,500	\$1,200
Admission to Event	30	20	20	10	10	10	10
Admission to VIP Reception (VIP Reception 5:30-6:30PM)	30	20	20	10	10		
Admission to Coach Huggins Private Lounge	6	4	2	2	2		
Inclusion in Event Radio/Billboard Advertisements and Announcements	X						
Exclusive Sponsor Logo (with Event Logo) on Step & Repeat for Photo Ops	X						
Primary Sponsor Logo on Event Signage and Promotional Materials	X						
Headlining Sponsor Logo on Exclusive Event T-Shirt	X						
Sponsor Logo on Exclusive Event T-Shirt	X	X	X	X	X		
Sponsor Logo on Event Signage and Promotional Materials	X	X	X	X	X	X	
Primary Logo on All BAR Area Signage				X			
Primary Logo on All VIP Area Signage					X		
Social Media and Website Space	X	X	X	X	X	X	
Exclusive Table Closest to Stage (10 Seats Per Table)	X	X	X				
Reserved Table Close to Stage (10 Seats Per Table)				X	X		
Reserved Table Seating (10 Seats Per Table)						X	X

To purchase a reserved table or individual tickets for \$120, and to learn more about the Norma Mae Huggins Cancer Research Endowment Fund and Remember the Miners Scholarship Fund, please visit [wvucancer.org/fishfry](http://wvucancer.org/fishfry).



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**Sponsor Name** \_\_\_\_\_  
(As it should appear in print)

**Contact Name** \_\_\_\_\_

**Contact Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Company URL** \_\_\_\_\_

**Sponsorship Opportunity** \_\_\_\_\_ **Amount** \$ \_\_\_\_\_

Full payment is required to begin sponsorship benefit fulfillment.

Please make checks payable to: **WVU Foundation, Memo: Fish Fry**

Credit Card:  Visa  MasterCard  American Express

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

CVC \_\_\_\_\_

Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_


Billing Address \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

*The undersigned agrees to the conditions and benefits set forth above*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:**



**Attention:** Scarlett Schneider, Ph.D  
**Care of:** WVU Cancer Institute -  
 Office of Philanthropy  
 44 Medical Center Drive  
 P.O. Box 9300  
 Morgantown, WV 26506

**Phone:**  
 (304) 293-7732

**E-Mail:**  
 Scarlett.Schneider@hsc.wvu.edu