



MYLAN PARK, MORGANTOWN, WV

FEB 1st

#FISHFRY2019 ★ 5:30-9:30PM

PRESENTED BY 

BENEFITTING




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	30	20	20	10	10	10	
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	X	
Reserved Table Seating (10 Seats Per Table)							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.



FISH FRY

MYLAN PARK, MORGANTOWN, WV

FEB 1st

#FISHFRY2019 ★ 5:30-9:30PM

PRESENTED BY 

BENEFITTING




WVU Cancer Institute

SPONSORSHIP OPPORTUNITIES & AGREEMENT

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