

ILLINOIS STATE BAR ASSOCIATION YOUNG LAWYERS DIVISION



TO BENEFIT THE CHILDREN'S ASSISTANCE FUND

DATE: Friday, April 27, 2012, 7:00 – 10:00 p.m.

LOCATION: Hard Rock Hotel, 230 N. Michigan Avenue, Chicago

COST: \$75 per ticket



Event will include Open Bar, Hors d'oeuvres, Dancing, and Raffle for great prizes*
Cocktail/Semi-formal Attire Preferred

SPONSORSHIP OPPORTUNITIES*

❑ \$900 PLATINUM SPONSOR

- Full page ad in the ad booklet, premier recognition, including firm or company logo on signage at the event, on the ISBA YLD website, YLD Newsletter, YLD Facebook page, and in all other event publicity.
- Up to 6 tickets for the event

❑ \$600 GOLD SPONSOR

- Half page ad in the ad booklet, prominent recognition, including firm or company logo on signage at the event, on the ISBA YLD website, YLD Newsletter, YLD Facebook page, and in all other event publicity.
- Up to 4 tickets for the event

❑ \$300 SILVER SPONSOR

- Quarter page ad in the ad booklet, recognition, including firm or company logo on signage at the event, on the ISBA YLD website, YLD Newsletter, YLD Facebook page, and in all other event publicity.
- Up to 2 tickets for the event

❑ \$1,000 AD BOOK SPONSOR

- Includes premier full page ad (inside front cover), firm/company logo on back cover of ad book, premier recognition, including firm or company logo on signage at the event, on the ISBA YLD website, YLD Newsletter, YLD Facebook page, and in all other event publicity.
- Up to 5 tickets for the event

AD BOOK: Full Page: \$100_____ Half Page: \$50_____ Quarter Page \$25_____

All purchased ads are due on or before Friday, April 13, 2012.

❑ INDIVIDUAL TICKETS: \$75 Number of tickets_____

❑ RAFFLE TICKETS: \$5 per ticket or 5 tickets for \$20 (Winner need not be present) Number of raffle tickets_____

Illinois State Bar Association Young Lawyers Division

Name of firm/company as it should appear in all published materials _____

Address _____

Contact Name _____ Phone _____ Email _____

Payment

❑ Enclosed please find our check for \$_____ made payable to IBF/YLD Children's Assistance Foundation

❑ Please accept our pledge. A check will be mailed by_____/_____/_____

❑ Please charge my: ❑ Visa ❑ MC ❑ AmEx ❑ Discover Card No. _____

Expiration Date_____ Signature_____

Please return via mail or fax to: Illinois State Bar Association, 20 S. Clark, Suite 900, Chicago, IL 60603 c/o Janet Sosin Fax: 312-726-9071

To register on-line or purchase a sponsorship package or Ad online visit www.isba.org/sections/yld

For more information, contact Janet Sosin at 312-726-8775 or email jsosin@isba.org or visit www.isba.org/sections/yld