



**2024 BIENNIAL BREAST IMAGING CONFERENCE
NOVEMBER 9 & 10, 2024**

SPONSOR THIS EVENT

SPONSORSHIP LEVELS

**DIAMOND
\$7,000**

- Sponsorship of Saturday evening cocktail reception (sign w/logo prominently displayed)
- 10 minutes of talk time during
- Full-page ad in MRS Newsletter
- First-priority booth space in Exhibit Hall with 6ft. table and electric
- Logo and listing and conference brochure
- Up to four representatives (includes all meals)

**PLATINUM
\$5,000**

- Sponsorship of breakfast or lunch (sign w/logo prominently displayed)
- Full-page ad in MRS Newsletter
- First-priority booth space in Exhibit Hall with 6ft. table and electric
- Logo and listing and conference brochure
- Up to four representatives (includes all meals)

**GOLD
\$3,500**

- Sponsorship of break (sign w/logo prominently displayed)
- Half-page ad in MRS Newsletter
- Second-priority booth space in Exhibit Hall with 6ft. table and electric
- Logo and listing and conference brochure
- Up to four representatives (includes all meals)

**SILVER
\$2,500**

- Quarter-page ad in MRS Newsletter
- Booth space in Exhibit Hall with six-foot table and electric
- Logo and listing and conference brochure
- Up to four representatives (includes all meals)

**BRONZE
\$2,000**

- Name & company description listed as Bronze Sponsor in MRS Newsletter
- Booth space in Exhibit Hall with six-foot table and electric
- Logo and listing and conference brochure
- Up to two representatives (includes gala and all meals)

Sponsorship packages can be customized. Options available include, but are not limited to sponsoring drink tickets at cocktail reception, lanyard sponsor, break sponsor, breakfast, or lunch sponsor.

CONTACT

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2024 BIENNIAL BREAST IMAGING CONFERENCE SPONSOR APPLICATION

November 9 - 10, 2024
Detroit Sheraton Novi



Company: _____

Product/Service: _____

Email Address: _____

Name of Representatives Attending (including credentials):

SPONSORSHIP LEVEL (CHECK ONE)

Bronze \$2000 Silver \$2500 Gold \$3500 Platinum \$5000 Diamond \$7000

PAYMENT METHOD (CHECK ONE)

Visa Mastercard Am Ex **Check** (payable to Michigan Radiological Society) Invoice me

CC #: _____ Exp: _____ CSV: _____

Street Address: _____ Zip: _____

Signature: _____

Mail checks to 4045 E Carpenter Road, Flint, MI 48506. For questions or more information please contact Shannon Sage by phone at 989-627-6872 or by email at shannon@michigan-rad.org.