**2023 ZONTA YELLOW ROSE LUNCHEON SPONSOR REGISTRATION**

Please complete this form and return, along with your check payable to the **Zonta Club of Jefferson City Foundation** to: Jennifer Schnieders, Outbound Physical Therapy & Rehab, 3600 Country Club Dr, Ste 530 B, Jefferson City, MO 65109

**Sponsorship Levels: \*New This Year**

\_\_\_\_\_\_\_\_ Legacy Sponsor (Amelia Earhart 10+ Years)$2500

\_\_\_\_\_\_\_\_ Amelia Earhart Sponsor $2500

\_\_\_\_\_\_\_\_ **Yellow Rose Flower Sponsor $2000 (2 Available)**

\_\_\_\_\_\_\_\_ **Dessert Sponsor $1500 (1 Available)**

\_\_\_\_\_\_\_\_ Zonta International Sponsor $1000

\_\_\_\_\_\_\_\_ **Second Chance Scholarship Sponsor $500**

\_\_\_\_\_\_\_\_ Zonta Foundation Sponsor $250

**Advertisements for Event Program (all levels except Zonta Foundation)**

\_\_\_\_\_Use the same ad as 2022.

\_\_\_\_\_ A new ad will be sent. Ad sizes listed below:

**Legacy and Amelia Earhart** Ad Full Page, 5.75” x 8.75” with bleed; 4 color process

**Yellow Rose Flower and Dessert** Half Page, 5” x 3.875” no bleed; 4 color process

**Zonta International and Second Chance Scholarship** Quarter Page 2.875” x 3.875” no bleed;

 4 color process

Please email a 300 dpi resolution PDF to mhurst@modernlitho.com by April 21, 2023. If you have questions about your program ad, please email Macy Hurst at the address above.

**Logos for All Sponsor Levels**

Please email a high resolution image of your business logo to Macey Hurst at mhurst@modernlitho.com by April 21, 2023. Any questions regarding your signage or program logo can be directed to Macey Hurst via email.

**Sponsors only may purchase additional tickets on this form.** If interested in purchasing additional tickets at the cost of $45 per ticket, please indicate the number below and enclose the funds. Please make checks payable to the Zonta Club of Jefferson City Foundation.

**Enclosed are funds for \_\_\_\_\_ additional tickets at $45 each**.

**Primary Contact for this Sponsorship:** Business Name (as it should appear in the program):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_