

SOUTH FLORIDA BUSINESS LEADERS' LUNCHEON

BENEFITING SEAFARERS' HOUSE

Executive Level

\$7,500

- Premium table for 10
- Dedicated posts featuring your company on our social media platforms leading up to the event.
- Full-page ad in digital journal
- Logo on invitation, website, and luncheon-related emails
- Logo on signage at event and in event program
- Plaque presented to sponsor at event

Leader Level

\$4,000

- Table for 10
- Recognition as a sponsor in event-related social media posts.
- Half-page ad in digital journal
- Listing on invitation, website, and luncheon emails
- Listing on signage at event and in event program
- Plaque presented to sponsor during awards program

Table, Tickets & Ads

- | | |
|--|---------|
| • Table Sponsorship (10 seats & recognition in event materials and at event) | \$2,500 |
| • Ticket | \$150 |
| • Full-page ad in digital journal (7" x 9 3/4 ") | \$400 |
| • Half-page ad in digital journal (7" x 4") | \$200 |

Honoring



Fred Rogacki

Thursday, May 8, 2024

Lauderdale Yacht Club

11:30 AM - 1:30 PM

Scan the QR Code below to register or use the attached registration form.



For more information on the South Florida Business Leaders' Luncheon or Seafarers' House call 954-734-1580 or email events@seafarershouse.org



www.seafarershouse.org

1800 SE 32nd Street Box 017
Fort Lauderdale, FL 33316

954-734-1580 * events@seafarershouse.org

Yes, I would like to support the South Florida Business Leaders' Luncheon in the following way:

Level of Support	Amount	Quantity	Total
Executive Level Sponsorship	\$7,500		
Leader Level Sponsorship	\$4,000		
Table Sponsor	\$2,500		
Video Underwriter	\$3,000		
Full-page ad	\$400		
Half-page ad	\$200		
Ticket	\$150		
Donation		Amount:	
		TOTAL:	

Contact Information

Company Name: _____
 Contact Name: _____
 Address: _____
 City State Zip: _____
 Email: _____ Phone: _____

Payment Information

- I will send check made payable to Seafarers' House to 1800 SE 32nd St., Fort Lauderdale, FL 33316
- Please charge my Credit Card for \$_____

Card Number _____
 Name on Card: _____
 Expiration Date _____ CV Code _____ Billing Zip Code _____

- Please invoice me