American-Arab Anti-Discrimination Committee

ADC's 25th Year Silver Anniversary Convention
May 27-29, 2005

Reserve a Sponsorship Level and/or Make a Contribution

_____**Benefactor $25,000**	20 Full Convention Packages (includes full access to all meals and events), Full Page (color) in Convention Book, Recognition on the 'Donor Hall of Fame' at ADC's new headquarters, Reserved Seating in President's Circle, Chairman/VIP reception with an Honored Guest, and 1 Exhibit Table
_____**Sponsor $10,000**	10 Full Convention Packages (includes full access to all meals and events),Full Page (color) in Convention Book, Chairman/VIP reception Featuring an Honored Guest, and One Exhibit Table
_____**Patron $6,000**	5 Full Convention Packages (includes full access to all meals and events),and Full Page (color) in Convention Book
_____**Donor $3,500**	Seating for 5 at the Saturday, May 28, Banquet, Full Page (black/white) in Convention Book, and one full Convention package
_____ **Supporter $1,000**	Seating for 2 at the Saturday, May 28, Banquet, Half Page (black/white) in Convention Book
_____**Friend $500**	Seating for 1 at the Saturday, May 28, Banquet, Quarter Page (black/white) in Convention Book
_____ **Contributor**	I/We cannot attend but wish to make a contribution of $_____

Other sponsorship levels, exhibit table information, and event underwriting opportunities are available. Contact Toni at 1-866-469-3700 for more information.

Reserve an Advertisement in the ADC Convention Progam Book

___ **Back Cover $5,000** (8.5 x 11) ___ **Inside Back Cover $3,000** (8.5 x 11) ___ **Inside Front Cover $3,000** (8.5 x 11)

___ **Color Page $1,500** (7 x 9.5) ___ **Black/White Page $1,000** (7 x 9.5) ___ **1/2 Page Black/White $500** (7.5 x 4.75)

___ **1/4 Page $300** (3.5 x 4.75) ___ **1/8 Page $200** (3.5 x 2.375) ___ **Business Card $150** (3.5 x 2)

All ads and payments must be received by May 10, 2005. Ads must be camera ready. Accepted file formats are pdf, jpeg, or tiff. Ads may be emailed to convention@adc.org

All Contributors: Please Fill out the Following

☐ Check enclosed ☐ American Express ☐ Mastercard ☐ Visa Exp. Date ☐☐ Month ☐☐ Year

Credit Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐

3 or 4 digit security code located on the back of your credit card above the signature line. **(Required)**

$ TOTAL_____ Signature _____

Name_____

Address_____

City_____ State _____ Zip Code _____

E-mail _____ Telephone _____

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Tel: 1-866-469-3700 or 202-244-2990 | Fax: 202-244-3196 | Email: convention@adc.org | www.adc.org