



ST. JOHN MEDICAL CENTER
TOP CHEF

**2010 Sponsorship
Reservation Form**

**June 25, 2010
6:30 p.m. Doors Open
7 p.m. Competition Begins**

Company: _____ Contact Person: _____
Address: _____ City, State, Zip: _____
Phone: _____ E-mail: _____

Competition held on Medical Center grounds at 29000 Center Ridge Road, Westlake

Please select the level of sponsorship:

_____ **Restaurant Row ~ \$12,500**

Two reserved tables (16 tickets)
Full-page ad in *Top Chef* program
Acknowledgement in local media
Logo recognition on event Jumbotron

_____ **Bon Appetit ~ \$5,000**

One reserved table (8 tickets)
Half-page ad in *Top Chef* program
Acknowledgement in local media
Logo recognition on event Jumbotron

_____ **Gourmet ~ \$2,500**

6 Tickets
Quarter-page ad in *Top Chef* program
Acknowledgement in local media

_____ **Foodie ~ \$1,000**

4 tickets
Listing in *Top Chef* program
Acknowledgement in local media

Payment Options:

Check made payable to **SJMC Top Chef**

Credit Card: MasterCard Visa American Express Discover

Credit Card Number: _____ Exp. Date _____

Please send an invoice for the amount designated above.

**Send payment to: Angel Records, Administration
St. John Medical Center *Top Chef*
29000 Center Ridge Road, Westlake, Ohio 44145**

To be included in the *Top Chef* Program, sponsorship needs to be returned no later than June 4, 2010.
Please return a copy of this sponsorship form via fax to 440-827-5015. Thank you!

Tax ID#: 34-1893452