

# Luskin OIC 2024 gala

**Sports Medicine:**  
**Heal Champions,**  
**Fuel Athletes**

**06.08.2024**  
**50 Yard Line**  
**SoFi Stadium**



STANDFORKIDSGALA.ORG



## SPONSOR INFORMATION

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

Company (if applicable): \_\_\_\_\_

Address: ☐ Work ☐ Home \_\_\_\_\_

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

Guest of: \_\_\_\_\_ List Company as: \_\_\_\_\_

## SPONSORSHIP LEVELS

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Presenting \$100,000* | <input type="checkbox"/> Gold \$50,000*       | <input type="checkbox"/> Silver \$25,000*  |
| <input type="checkbox"/> Bronze \$15,000*      | <input type="checkbox"/> Victorious \$10,000* | <input type="checkbox"/> Champion \$5,000* |
| <input type="checkbox"/> Triumph \$3,000*      |   |  |

\*Please confirm your participation by May 13, 2024 to receive full sponsorship benefits.

## INDIVIDUAL TICKETS

- |   |  |
|---|--|
| <input type="checkbox"/> Before May 15, 2024: \$450<br>Number of Tickets: _____ | <input type="checkbox"/> After May 15, 2024: \$500<br>Number of Tickets: _____ |
|---|--|

## DIGITAL ADS

All digital ads will be displayed at the event, as well as printed in a keepsake book for the honorees. Please confirm prior to May 20, 2024 to meet deadlines.

**DEADLINE:** All completed ads must be emailed to mperrine@mednet.ucla.edu by May 20, 2024.  
**SPECS:** Please provide still images/logos in JPEG or PNG format at 1920 x 1080 size. Videos may be provided in QuickTime, DVX3 or ProRes format at 1920 x 1080 size and should not exceed 15 seconds. If you would like OIC to create your ad, contact Mary Beth at MPerrine@mednet.ucla.edu or (213) 742-1500.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Full Page (7.5" w X 10" h)<br>\$2,000 | <input type="checkbox"/> Half Page (7.5" w X 5" h)<br>\$1,000 | <input type="checkbox"/> Quarter Page (horizontal)<br>\$500 |
|--|---|---|

## PAYMENT TERMS

- |  |  |
|--|--|
| <input type="checkbox"/> Payment Enclosed<br>Please make payable and mail to:<br>Luskin Orthopaedic Institute for Children Foundation<br>ATTN: Mary Beth Perrine<br>403 West Adams Blvd, Los Angeles, CA, 90007-2664 | <input type="checkbox"/> Invoice Requested   |
| <input type="checkbox"/> Please charge to credit card:<br>Card Number: _____ Expiration Date: _____<br>Name on Card: _____ 3 Digit Code: _____<br>Signature: _____ Date: _____                                       | <input type="checkbox"/> An electronic payment has been made to:<br>www.standforkidsgala.org |

For more information, please contact Mary Beth Perrine at MPerrine@mednet.ucla.edu or 213-742-1500. Funds raised from the LuskinOIC Stand for Kids Gala will allow LuskinOIC to care for even more patients, with proceeds going directly to patient care through the LuskinOICare for Kids Fund. Contributions are tax deductible as allowed by law, less the value of any goods or services provided. Federal Tax ID: 95-1644029 **STANDFORKIDSGALA.ORG**

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## DIGITAL TRIBUTE ADS

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DEADLINE: All completed ads must be emailed to MPerrine@mednet.ucla.edu by May 20, 2024.

SPECS: Please provide still images/logos in JPEG or PNG format at 1920 x 1080 size. Videos may be provided in QuickTime, DVX3 or ProRes format at 1920 x 1080 size and should not exceed 15 seconds.

If you would like LuskinOIC to create your ad, please contact MPerrine@mednet.ucla.edu or 213-742-1500.

☐ Full Page (7.5"w x 10"h)  
\$2,000

☐ Half Page (7.5"w x 5"h)  
\$1,000

☐ Quarter Page (5"w x 3.75"h)  
\$500

## CONTACT INFORMATION

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PAYMENT TERMS

☐ Payment Enclosed

Please make payable and mail to:  
Luskin Orthopaedic Institute for Children Foundation  
ATTN: Mary Beth Perrine  
403 West Adams Blvd, Los Angeles, CA, 90007-2664

☐ Invoice Requested - Invoice will be emailed to contact noted above.

☐ An electronic payment has been made to: [www.standforkidsgala.org](http://www.standforkidsgala.org)

☐ Please charge to credit card:

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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