



1st Annual Fundraising Auction to Support Genetics Nursing, Education, and Research Initiatives

Auction Sponsorship Levels & Benefits:

◇ LEVEL I: DOUBLE HELIX PARTNER LEVEL (Fair market value of benefits: \$1,000)

Your logo and link as a Double Helix Auction Partner, appearing on emails and website link for the ISONG auction advertising and announcements, April 30, 2012 to May 12, 2012.

Your logo and business link appearing on monthly emails sent to all ISONG members and related genetics organizations and partners, throughout the duration of our online auction advertising and for the duration of the online auction

Your logo and link appearing on the ISONG website throughout the duration of the pre-auction and auction processes, and in the thank you page, post auction

◇ LEVEL II: SINGLE GENE PARTNER LEVEL (Fair market value of benefits: \$500)

Your logo and business link appearing on monthly emails sent to all ISONG members and related genetics organizations and partners, throughout the duration of our online auction advertising and for the duration of the online auction

Your logo and link appearing on the ISONG website during the opening to closing period of the online auction (does not include pre auction advertising)

◇ LEVEL III: GENOMICS SUPPORTER LEVEL (Fair market value of benefits: \$250)

Your logo and link appearing on the ISONG website during the opening to closing period of the online auction (does not include pre -auction advertising)

Please return this form, along with the Auction Sponsorship Payment Form, no later than April 15, 2012, to:

"ISONG":461 Cochran Road, Box 246
Pittsburgh, PA 15228
Tel: 412-344-1414
Fax: 412-344-0599



ISONG Online Auction Sponsorship Payment Form

Date: _____

Please accept my payment of: \$ _____ for the _____ level sponsorship, by:
Check ____ Visa ____ MC ____ Other(list type) ____

Gift Designations: Auction Sponsorship

- Card Number: _____ Exp. Date _____ CVV2
(Security Code) _____ ;

Name as it appears on card: _____

or:

- Please call me directly at the following number/day/time to *verbally* accept payment
info: Date _____ My Contact Number (____) _____ Best Time to Call

Signature:

Company/Donor Name:

Contact Name (print):

Address:

City / State / Zip Code:

Telephone: _____ Email Address: _____

Donors RE ID# (if available) _____

Please return this form no later than April 15, 2012 to:

ISONG : International Society of Nurses in Genetics

461 Cochran Road, Box 246

Pittsburgh, PA 15228

Tel: 412-344-1414

Fax: 412-344-0599