







SPONSORSHIP LEVELS

PRESENTING SPONSOR	\$25,000
ALL ACCESS SPONSOR	\$10,000
CENTER STAGE SPONSOR	\$7,500
CROWD FAVORITE AWARD SPONSOR	\$5,000
TECHNICAL AWARD SPONSOR	\$5,000
ROCK THE MISSION AWARD SPONSOR	\$5,000
FAN-ATIC AWARD SPONSOR	\$5,000
ACOUSTIC SPONSOR	\$2,500
ENCORE SPONSOR	\$1,000
BAND GROUPIE	\$500

EVENT OVERVIEW

Doc Rock is a "battle of the bands" event where at least one member of each band has an affiliation with USA Health. Attendees will have the opportunity to vote for their favorite band and prizes will be awarded in multiple categories. Join us on January 30 benefiting research and critical clinical needs at USA Health.

ADMISSION \$25 ADVANCED | \$30 AT THE DOOR







PRESENTING SPONSOR \$25,000

BENEFIT: \$1,800

- Company name and logo have a dominant presence on sponsor banner, print materials, event registration website and press releases. Mention on all earned media appearances
- Name/logo inclusion on the official Doc Rock logo used in all digital, social media, and print promotions
- Company logo has exclusive presence alongside USA Health logo on event photo step and repeat
- Twenty event tickets

ALL ACCESS SPONSOR \$10,000

BENEFIT: \$1,200

- Name/logo on two 15 ft. main stage backdrop banners
- Name/logo on branded event cup
- Company recognized during awards presentation
- Name/logo on sponsor banner
- Name/logo linked on event registration website
- Twelve event tickets

CENTER STAGE SPONSOR \$7,500

BENEFIT: \$1,080

- Company logo has exclusive presence alongside USA Health logo
- Name/logo on branded event cup
- Company recognized during main event awards presentation
- Name/logo on sponsor banner
- Name/logo linked on event registration website
- Twelve event tickets

CROWD FAVORITE AWARD SPONSOR \$5,000

BENEFIT: \$1,000

- Name/logo on "Crowd Favorite Award" trophy presented to the audience's favorite band
- Name/logo on branded event cup
- Company recognized during awards presentation
- Name/logo on sponsor banner
- Name/logo linked on event registration website
- Ten event tickets

TECHNICAL AWARD SPONSOR \$5,000

BENEFIT: \$1,000

- Name/logo on "Technical Award" trophy presented to the band chosen by judges Name/logo on branded event cup
- Company recognized during awards presentation
- Name/logo on sponsor banner
- Name/logo linked on event registration website
- Ten event tickets

ROCK THE MISSION AWARD SPONSOR \$5,000

BENEFIT: \$1,000

- Name/logo on "Rock the Mission" trophy presented to the highest fundraising band Name/logo on branded event cup
- Company recognized during awards presentation
- Name/logo on sponsor banner
- Name/logo linked on event registration website
- Ten event tickets

FAN-ATIC AWARD SPONSOR \$5,000

BENEFIT: \$1,000

- Name/logo on "Fan-atic Award" trophy presented to the band with the largest number of donors
- Name/logo on branded event cup
- Company recognized during awards presentation
- Name/logo on sponsor banner
- Name/logo linked on event registration website
- Ten event tickets

ACOUSTIC SPONSOR \$2,500

BENEFIT: \$1,000

- Name/logo on digital event ticket confirmation email
- Name/logo on sponsor banner
- Name/logo linked on event registration website
- Ten event tickets

ENCORE SPONSOR \$1,000

BENEFIT: \$300 (multiple available)

- Name on sponsor banner
- Name on event registration website
- Four event tickets

BAND GROUPIE \$500

BENEFIT: \$100 (multiple available)

- Name on event registration website
- Four event tickets



SPONSORSHIP LEVEL			
☐ Presenting Sponsor\$25,000	☐ Rock The Mission Aw	☐ Rock The Mission Award Sponsor\$5,000	
☐ All Access Sponsor\$10,000	☐ Fan-Atic Award Spoi	nsor\$5,000	
☐ Center Stage Sponsor\$7,500	☐ Acoustic Sponsor	\$2,500	
☐ Crowd Favorite Award Sponsor \$5,000	☐ Encore Sponsor	\$1,000	
☐ Technical Award Sponsor\$5,000	☐ Band Groupie	\$500	
*Additional individual tickets can be purchased in advance on	nline.		
Sponsor name (as you would like it to appear):			
Contact name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
PAYMENT			
Make online payment by visiting usahealthsystem.	com/docrock		
☐ Check payable to USA Health			
Pay via credit card: ☐ Visa ☐ MasterCard ☐ Disco	over 🗆 Amex		
Card Number:			
Name:			
Exp. Date: Security Code	3.		