



CURE BREAST CANCER GOLF CLASSIC
 WEDNESDAY, JUNE 23, 2010
 MOUNTAIN RIDGE COUNTRY CLUB
 WEST CALDWELL, NEW JERSEY
 REMARKS BY LARRY NORTON, M.D.

Please help us cure cancer by advertising at the Third Annual
CURE BREAST CANCER GOLF CLASSIC
 to support research of the theory of Self-Seeding Breast Cancer
 at **Memorial Sloan-Kettering Cancer Center**

Wednesday, June 23, 2010
 Mountain Ridge Country Club, West Caldwell, New Jersey

Ad Type	Ad Size	Price
Pink Ribbon Sponsor - Full Page Ad, 4 Golfers, 8 dinner guests, 2 Shootout Participants*	8" x 4.5"	\$25,000
Strength Sponsor - Full Page Ad, 4 Golfers, 4 dinner guests, 1 Shootout Participant*	8" x 4.5"	\$17,500
Courage Page - Full Page Ad and 2 dinner guests*	8" x 4.5"	\$10,000
Life Page - Full Page Ad and 2 dinner guests*	8" x 4.5"	\$7,500
Belief Page - Full Page Ad and 2 dinner guests*	8" x 4.5"	\$5,000
Hope Page - Full Page Ad and 2 dinner guest*	8" x 4.5"	\$2,500
Full Page - Full Page Ad and 1 dinner guest*	8" x 4.5"	\$1,000
Half Page	4" x 4.5"	\$500
Quarter Page	4" x 2.25"	\$250
Lisiting	n/a	\$100

Deadlines

- Reservations are due by May 21, 2010.
- Final artwork is due by June 4, 2010.
- Payment is due before artwork is submitted.

Mechanical Requirments

- Ads must be submitted in JPG format.
- All artwork must be in RGB color mode.
- Submit ads by email to info@curebreastcancerfoundation.org.

Contact Information

t. 973.471.CBCF (2223)
 f. 973.473.4975
 email: info@curebreastcancerfoundation.org

DISCLAIMER:

Dinner limited to 300 guests including golfers.

* Sponsors, golfers and their guests have priority for dinner.



Cure Breast Cancer Foundation, Inc.
 1122 Clifton Avenue
 Clifton, New Jersey 07013

CBCF GOLF CLASSIC ADVERTISING FORM

Pink Ribbon Sponsor: \$25,000 Strength Sponsor: \$17,500 Courage Page: \$10,000 Life Page: \$7,500 Belief Page: \$5,000
 Hope Page: \$2,500 Full Page: \$1,000 Half Page: \$500 Quarter Page: \$250 Listing: \$100

Name _____ Company/Firm _____
(as you wish to appear in the program/ad journal)

Address _____ City _____ State _____ Zip Code _____

Telephone _____ E-mail _____

Enclosed is a check in the amount of \$ _____
Please make your check payable to *Cure Breast Cancer Foundation, Inc.*

Please charge my credit card for \$ _____

American Express Discover MasterCard Visa

Card No. _____ Exp. Date: _____

Security Code _____ Signature _____

Please mail this completed form to:
Cure Breast Cancer Foundation, Inc.
1122 Clifton Avenue
Clifton, New Jersey 07013

