

10th Annual CTBTA Path of Hope 5K Run/Walk

Presented by: Hartford HealthCare Cancer Institute

Where: Elizabeth Park, West Hartford, CT | **When:** Saturday, May 6th, 2023

About the Event

Please join us for our tenth annual Path of Hope presented by **Hartford HealthCare Cancer Institute**. This family-fun run/walk has quickly become our flagship event, drawing up to 800 participants. With your sponsorship, our hope is to make Connecticut a center of excellence in brain tumor care. The CTBTA is a 501(c)(3) non-profit organization dedicated to providing hope and support to brain tumor patients and caregivers, while advancing brain tumor awareness, quality of care and brain tumor research.

Any Questions?

Sarah Coyne
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(646) 278-6742

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(860) 264-5776
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	SOLD OUT Premier \$25,000	Champion \$15,000	Trailblazer \$10,000	Hope \$5,000	Journey \$2,500
Opportunity to speak at the event	●				
Year-long weblinks on CTBTA.org	●	●			
Logo on starting line/finish line*	●	●	●		
Opportunity to host onsite booth**	Premier Placement	●	●		
Logo on all printed materials, e-communications and press releases*	●	●	●		
Onsite table space for company display and material distribution**	Included with booth	Included with booth	Included with booth	●	
Logo placement on event day signage*	Premier Placement	Prominent Placement	●	●	●
Logo placement on registration website*	Premier Placement	Prominent Placement	●	●	●
Logo placement on event giveaway item*	Premier Placement	Prominent Placement	●	●	●
Logo on Halfway Point Banners and Path Markers	1 Banner + 4 Path Markers	1 Banner + 2 Path Markers	4 Path Markers	2 Path Markers	1 Path Markers
Complimentary entries to the event	25	15	10	5	2

Sponsorship Commitment Form



Please select your sponsorship level

- \$25,000** Presenting Hero (Sold)
 - \$15,000** Champion
 - \$10,000** Trailblazer
 - \$5,000** Hope
 - \$2,500** Journey
 - \$500** Banner (Prominent placement along the route)
 - \$250** Path Marker
 - Custom**
- Contact: Sarah Coyne, sarah@poweredbyprofessionals.com or (646) 278-6742

Contact Information

Name _____

Title _____ Company _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Banner/Path Marker Message _____

Payment Information

Check Enclosed Credit Card Paid Online

American Express

Mastercard

Visa

Name On Card _____

Card Number _____ Expiration Date _____ Security Code(CVV) _____

Billing Address _____

City _____ State _____ Zip Code _____

Complete online at: <https://ctbta.rallybound.org/2023-path-of-hope/Donate/Tickets>
Mail or e-mail completed form to: **Connecticut Brain Tumor Alliance, Inc. P.O. Box 370514 | West Hartford, CT 06137**
Please make checks payable to: **CTBTA (with Path of Hope on the memo line)**