

Annual Fundraising & Awards Gala
"The Future of Healthcare: Latin American Excellence"
October 4, 2025



Sponsorship levels

Individual Tickets

- Medical Students - \$75
- Residents and Fellows - \$100
- Adults - \$350

Physician Membership & Gala Package

- Membership Dues for 1 Physician & 2 Gala Tickets Package - \$750

Scholarship Sponsorship

- One \$2,500 scholarship awarded and presented at the gala on sponsor's behalf and name listed on all printed on materials.

Sponsorship Levels

- Booth - \$1,500
 - 2 Individual tickets to the gala
 - Booth at the gala reception area
- Mentoring Level - \$3,000
 - Table for ten
 - Name listed on all printed materials
- Inspiring Level - \$5,000
 - Table for ten
 - Booth at the gala in the reception area
 - Signage prominently displayed in reception area
 - Name listed on all printed materials
 - Half page advertisement on gala's program
- Leadership Level - \$7,500
 - Table for ten
 - Booth at the gala in the reception area
 - Signage prominently displayed in reception area
 - Name listed on all printed materials
 - One page advertisement on gala's program
- Legacy Level - \$10,000
 - Two tables of ten each
 - Booth at the gala in the reception area
 - Signage prominently displayed in reception area
 - Name listed on all printed materials
 - One page advertisement on gala's program
 - Website recognition for one year

Advertisements

- 1 page ad - Measurements: 8"X5" (to be printed on evening program pamphlet) \$500
- ½ Page ad - Measurements: 4"X5" (to be printed on evening program pamphlet) \$30

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Reservation Form



Contact Person: _____ Phone: _____

Email Address: _____

Name or Company Name (as it should be printed):

☐ Scholarship Sponsorship - \$2,500 (Scholarship awarded on your behalf)

Individual Ticket Purchase (Please be sure to write # of tickets wanted).

☐ Medical Students - \$75 # of tickets: _____

☐ Residents and Fellows - \$100 # of tickets: _____

☐ Adults - \$350 # of tickets: _____

Physician Membership & Gala Package

☐ Physician Membership & Gala Package - \$750 (Membership Dues for 1 Physician & 2 Gala Tickets)

Sponsorship Purchase

☐ Booth - \$1, 500 (includes 2 tickets)

☐ Mentoring Level - \$3,000 (includes 10 tickets)

☐ Inspiring Level - \$5,000 (includes 10 tickets)

☐ Leadership Level - \$7,500 (includes 10 tickets)

☐ Legacy Level - \$10,000 (includes 10 tickets)

Advertisements

☐ 1 page ad - Measurements: 8"X5" (to be printed on evening program pamphlet) \$500

☐ ½ Page ad - Measurements: 4"X5" (to be printed on evening program pamphlet) \$30

☐ Unable to attend, I am happy to donate towards the scholarship fund \$ _____

Please check payment method:

☐ Check (Please make check payable to HAMAH)

☐ Credit Card (Please check type of card) ☐ Amex ☐ MasterCard ☐ Visa

Name on Card: _____

Card#: _____ Exp. _____ Billing Zip Code _____

Please submit reservation forms by September 20, 2025.

Please send forms and advertisements to hamah.info@gmail.com

Please mail checks to HAMAH – P.O. BOX 22405, Houston, TX 77227

For more information, please contact Cristina Sapon at (832) 713-3541 or hamah.info@gmail.com