

**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) \$300

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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) \$300

☐ 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: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Please submit reservation forms by September 20, 2025.

Please send forms and advertisements to [hamah.info@gmail.com](mailto: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](mailto:hamah.info@gmail.com)