

FRAN DRESCHER'S MASTER CLASS HEALTH SUMMIT 2025

Saturday, October 11th 2025 - Audry Irmas Pavilion, Los Angeles

Please check the appropriate box(es)
Scan and email form to Susan Holland at susanh@cancerschmancer.org

THIS IS A MIND-EXPANDING, LIFE-CHANGING DAY. THIS YEAR WE EXPLORE LOOKING AND FEELING OUR BEST AS WE AGE.

- * Health and the Aging Woman
- * How to Support Optimal Well-Being as Our Bodies Change
- * Looking and Feeling Our Best
- * A Healthy Attitude
- * Functional Health & Longevity

SPONSORSHIP PACKAGES

☐ Presenting - \$25,000 Donation

- "Presented by" logo and branding on all materials including livestream and online replay
- Meet-and-Greet/photo with Fran Drescher
- Brand inclusion in step-and-repeat
- Mentions in all press releases and digital newsletters
- One (1) sponsor exhibit table
- One (1) double truck or back cover ad in digital program

☐ Strength - \$15,000 Donation

- Meet-and-Greet/photo with Fran Drescher
- Logo on all event materials including livestream and online replay
- One (1) sponsor exhibit table
- One (1) full-page ad in digital program

☐ Inspiration - \$10,000 Donation

- Meet-and-Greet/photo with Fran Drescher
- Logo in sponsor listing
- One (1) sponsor exhibit table
- One (1) half-page ad in digital program

☐ Empowerment - \$5,000 Donation

- Meet-and-Greet/photo with Fran Drescher
- Thank you in sponsor listing
- One (1) sponsor exhibit table
- One (1) half-page ad in digital program

☐ Exhibit Table - \$2,500 Donation

- Meet-and-Greet/photo with Fran Drescher
- One (1) sponsor exhibit table
- One (1) half-page ad in digital program

DIGITAL PROGRAM ADVERTISTING

Full-Page - \$1,000 Donation
Half-Page - \$500 Donation

SUMMIT TICKETS

VIP Pass - \$500			
 Includes organic gourmet lunch, VIP seating, and exclusively curated gift bag 			
□ VIP Table - \$5,000			
• Includes ten (10) VIP passes at a reserved table.			
Donation Only			
I cannot attend but would like to support Cancer			
Schmancer with a tax-deductible donation of			
\$			
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YES! I want to support Cancer Schmancer's mission to educate, motivate, and activate people to take control of their health:

NAME:					
COMPANY:					
ADDRESS:					
CITY/STATE/ZIP:					
Please charge my (circle one):					
Visa Mastercard	Amex	Discover			
CARD NUMBER:					
EXP:	CCV:				
BILLING (if different from above)					
NAME:					
COMPANY:					
ADDRESS:					
CITY/STATE/ZIP:					

TO PAY VIA CHECK, MAKE PAYABLE TO "CANCER SCHMANCER" AND MAIL WITH THIS FORM TO:

Cancer Schmancer 23823 Malibu Road, Ste 311 Malibu, CA 90265