FRAN DRESCHER'S MASTER CLASS HEALTH SUMMIT 2026

Saturday, October 17th 2026– Audry Irmas Pavilion, Los Angeles

Please check the appropriate box(es)

Scan and email form to Susan Holland at susanh@cancerschmancer.org

DEMENTIA & ALZHEIMERS:
HOW TO PREVENT/HOW TO REVERSE

* Leading Doctors
* Groundbreaking Research
* Mind-Expanding
* Life-Changing
* Physical, Emotional, Mental, and Spiritual Health

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 $_____

—

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