

ANNUAL BENEFIT OVERVIEW

ABOUT THE CHICAGO INSTITUTE FOR PSYCHOANALYSIS

THE CHICAGO INSTITUTE FOR PSYCHOANALYSIS PROVIDES PROFESSIONAL EDUCATION IN THE THEORY AND PRACTICE OF PSYCHOANALYSIS AND PSYCHOTHERAPY. THROUGH ITS CLINICS FOR ADULTS AND CHILDREN, THE INSTITUTE OFFERS PSYCHOTHERAPY, PSYCHOANALYSIS AND CONSULTATION AT REDUCED FEES FOR THE BENEFIT OF UNDER-SERVED COMMUNITIES. IN ADDITION, INSTITUTE FACULTY, GRADUATES AND STUDENTS CONTRIBUTE TO SCHOLARSHIP, RESEARCH AND ADVOCACY IN PUBLIC DISCOURSE ABOUT MENTAL HEALTH ISSUES.

ANNUAL BENEFIT

ON WEDNESDAY, MAY 13, 2015, THE CHICAGO INSTITUTE FOR PSYCHOANALYSIS WILL PRESENT ITS ANNUAL BENEFIT. THIS YEAR'S BENEFIT WILL TAKE PLACE AT THE STANDARD CLUB CHICAGO, ONE OF THE CITY'S MOST PROMINENT CLUBS. THE EVENING WILL FEATURE NEW YORKER CARTOONIST AND AUTHOR ROZ CHAST, FEATURING HER NEWEST GRAPHIC NOVEL CAN'T WE TALK ABOUT SOMETHING MORE PLEASANT. GUESTS WILL ENJOY AN EVENING OF COCKTAILS AND DINNER WHILE LEARNING ABOUT THE WORK OF THE INSTITUTE AND ITS INCREDIBLE IMPACT THROUGHOUT THE COMMUNITY. FUNDS RAISED THROUGH THE ANNUAL BENEFIT WILL SUPPORT THE INSTITUTE'S EDUCATIONAL PROGRAMS, CLINICAL SERVICES TO UNDERSERVED AND AT-RISK GROUPS WITHIN THE COMMUNITY AND PUBLIC EDUCATION ACTIVITIES.

BENEFITS OF SPONSORSHIP

Sponsorship opportunities exist at a variety of levels for both individuals and corporations. Sponsorship benefits vary based on sponsorship level and may include marketing opportunities such as recognition on the invitation, signage, and in electronic communications and event related benefits such as tickets, autographed books, VIP parking, and more. Customized packages are available upon request.

FOR MORE INFORMATION ABOUT SPONSORING THE CHICAGO INSTITUTE FOR PSYCHOANALYSIS ANNUAL BENEFIT, PLEASE CONTACT CHRIS SUSMAN AT 312.922.7474 X324 OR DEVELOPMENT@CHICAGOANALYSIS.ORG



ANNUAL BENEFIT WEDNESDAY, MAY 13, 2015 SPONSORSHIP LEVELS

WE INVITE YOU TO SPONSOR OUR ANNUAL BENEFIT. FUNDS RAISED THROUGH THE ANNUAL BENEFIT WILL SUPPORT THE INSTITUTE'S EDUCATIONAL PROGRAMS, CLINICAL SERVICES TO UNDERSERVED AND AT-RISK GROUPS WITHIN THE COMMUNITY AND PUBLIC EDUCATION ACTIVITIES.

Sponsorship Benefits	\$20,000+	\$10,000+	\$5,000+	\$3,000+	\$2,500 (Table Host)	\$1,000+
Prior to Annual Benefit						
Title Recognition	Yes	-	-	-	-	-
Recognition on Invitation	Logo & Premier Placement	Logo	Name	-	-	-
Name Recognition in Press Release	Yes	Yes	-	-	-	=
Mention on Facebook & Twitter	3 Mentions	2 Mentions	1 Mention	-	-	-
Recognition in Electronic Communications	Logo	Logo	Name	Name	-	-
Recognition on Website	Logo, Link & Premier Placement	Logo, Link & Prominent Placement	Name	Name	-	-
Night of Annual Benefit						
Verbal Recognition During Program	Yes	Yes	-	-	-	-
Invitation to VIP Event	Yes	Yes	Yes	Yes	-	=
VIP Parking Passes	10	8	5	2	1	1
Complimentary Tickets	2 Tables (20 Tickets)	16 Tickets	1 Table (10 Tickets)	4 Tickets	10 Tickets	2 Tickets
Autographed Books	10	8	5	2	1	1
Recognition in Program Book	Inside Front or Inside Back Cover	Full Page	Name	Name	Name	Name
Recognition on Displays & Signage	Logo & Premier Placement	Logo & Prominent Placement	Name	Name	-	-
Slide Show Recognition	4 Featured Logo Placements	2 Featured Logo Placements	1 Featured Logo Placement	Name	-	-



ANNUAL BENEFIT WEDNESDAY, MAY 13, 2015 SPONSORSHIP COMMITMENT FORM

CONTACT INFO

NAME AS IT SHOULD APPEAR ON ALL MA	DESTING ADVEDTIGING AND DROCDAM MATERIALS	
NAME AS IT SHOULD APPEAR ON ALL MA	RKETING, ADVERTISING, AND PROGRAM MATERIALS	
CONTACT PERSON	CONTACT PHONE	
CONTACT ADDRESS	CITY	
STATE ZIP	CONTACT EMAIL	
SPONSORSHIP LEVEL (PLEASE SEE SPONSORSHIP GRAPH FO	OR FULL LIST OF BENEFITS AT EACH LEVEL)	
☐ \$20,000 SPONSOR: PREMIERE M.	ARKETING PLACEMENT, 20 TICKETS, 10 VIP PARKING	Passes
☐ \$10,000 SPONSOR: PROMINENT I	MARKETING PLACEMENT, 16 TICKETS, 8 VIP PARKING	PASSES
□ \$5,000 Sponsor: 1 Table, 5 VII	PARKING PASSES, 5 AUTOGRAPHED BOOKS	
□ \$3,000 Sponsor: 4 Tickets, 2 \	/IP Parking Passes, 2 Autographed Books	
□ \$1,000 SPONSOR: 2 TICKETS, 1 \	/IP Parking Pass, 1 Autographed Book	
	I TO USE ALL OF MY TICKETS. I WOULD LIKE TO DONATI	E
OTHER \$2,500 TABLE HOST: 10 TICKETS	s, 1 VIP Parking Pass, 1 Autographed Book	
PAYMENT ☐ ENCLOSED IS MY CHECK, PAYABL	E TO THE CHICAGO INSTITUTE FOR PSYCHOANALYSI	s
☐ PLEASE CHARGE MY CREDIT CARI	O – CIRCLE ONE: VISA MASTERCARD	
NAME AS IT APPEARS ON CARD		
CARD NUMBER	EXP. DATE VCC	
CARDHOLDER SIGNATURE		
AUTHORIZATION I CONFIRM MY COMMITMENT TO SPON	ISOR THE CIP ANNUAL BENEFIT:	
SIGNATURE	DATE	

CONTRIBUTIONS ARE TAX-DEDUCTIBLE TO THE EXTENT PROVIDED BY LAW.