



TRIVIA NIGHT

hosted by CID Young Professionals

JANUARY 18, 2025

SPONSORSHIP OPPORTUNITIES

Since 1914, CID – Central Institute for the Deaf’s mission has been to teach children who are deaf and hard of hearing to listen, talk, read and succeed. Children with hearing loss from birth through 18 years receive individualized interventions from our expert educational, therapeutic and audiologic staff. As you might imagine, this type of specialized and intensive education is costly. However, because of the dedication and generosity of our community, including Sponsors like you, **all CID families of children with hearing loss receive 100% tuition support.**

On Saturday, January 18, we anticipate 400 guests will gather to enjoy a night of trivia, prizes and raffles. Consider partnering with us through a **Trivia Night Sponsorship** to support CID students, their families and the professionals we serve. Your support provides transformational opportunities for children with hearing loss in St. Louis and around the world.

YOUR SUPPORT MAKES A DIFFERENCE!

229

CHILDREN SERVED from St. Louis & surrounding MO and IL counties

272

PARENTS, GRANDPARENTS & CAREGIVERS SERVED directly

3,422

PROFESSIONALS ACCESSED CID-developed educational resources

267

HEARING DEVICES MANAGED by CID Pediatric Audiologists

4:1

STUDENT: TEACHER RATIO

ALL

CID FAMILIES of deaf children RECEIVE 100% tuition support

| SPONSORSHIP BENEFITS CID TRIVIA NIGHT SATURDAY, JANUARY 18, 2025 | PRESENTING SPONSOR \$1,000 | SPECIALTY SPONSOR \$500 | ROUND SPONSOR \$250 |
|---|-------------------------------|----------------------------|------------------------|
| Prominent recognition with title of event | ✓ | | |
| Promotion on virtual mobile bidding site banner and CID website banner | ✓ | | |
| One VIP table of 10 including premium seating, 10 mulligans, drink and answer sheet runner and a VIP bucket o' treats | ✓ | | |
| Sidebar logo within virtual mobile bidding site | ✓ | | |
| Logo on sponsor page within virtual mobile bidding site | ✓ | ✓ | |
| Recognition through social media and electronic advertising | ✓ | ✓ | |
| Recognition on CID website event page with clickable logo | ✓ | ✓ | |
| Recognition on video screens at beginning and end of event | ✓ | ✓ | |
| Recognition in event program | ✓ | ✓ | ✓ |
| Half off the price of a table/additional tables of 10 | ✓ | ✓ | ✓ |
| Recognition on video screens during sponsored round and logo on sponsored round answer sheets | | | ✓ |



SPECIALTY SPONSOR OPPORTUNITIES

BEST-DRESSED SPONSOR

Prominent visibility on video screens during best-dressed voting and announcement of winner

BEVERAGE SPONSOR

Prominent visibility at all bars

INTERMISSION SPONSOR

Prominent visibility on video screens during two intermission breaks

MOBILE ENGAGEMENT SPONSOR

Scrolling name at top of mobile bidding site and mobile messaging during event

RULES OF THE GAME SPONSOR

Prominent visibility on video screens during rules of the game

50/50 RAFFLE SPONSOR

Prominent visibility on 50/50 raffle page within virtual mobile bidding site

Contact us to be a sponsor!

CID – Central Institute for the Deaf
 Attn: Ashlee Tapia
 825 S. Taylor Ave.
 Saint Louis, MO 63110
 314.977.0107 · atapia@cid.edu

<https://cid.edu/cid-events>



YES!

I/WE WOULD LIKE TO SPONSOR CID'S TRIVIA NIGHT!

I/WE WISH TO BE RECOGNIZED AS A:

- PRESENTING SPONSOR** · \$1,000 *includes a VIP table*
- SPECIALTY SPONSOR**
 - Best-Dressed Sponsor · \$500
 - Beverage Sponsor · \$500
 - Intermission Sponsor · \$500
 - Mobile Engagement Sponsor · \$500
 - Rules of the Game Sponsor · \$500
 - 50/50 Raffle Sponsor · \$500
- ROUND SPONSOR** · \$250

IF A SPONSOR, RESERVE A HALF-OFF TABLE FOR THE EVENT

- Regular · \$150
- Regular with mulligans · \$160
- VIP · \$250

SPONSORSHIP INFORMATION

SPONSOR NAME AS IT SHOULD APPEAR IN PRINT

SPONSOR CONTACT

ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS

PHONE NUMBER

PAYMENT INFORMATION

- ENCLOSED IS MY CHECK FOR \$ _____ MADE PAYABLE TO CID
- PLEASE CHARGE \$ _____ TO MY: VISA MASTERCARD DISCOVER AMEX
- CREDIT CARD NUMBER _____ EXP. DATE _____ SECURITY (CVV) CODE _____
- NAME AS IT APPEARS ON THE CARD _____
- ADDRESS ASSOCIATED WITH CARD _____
- CITY _____ STATE _____ ZIP _____
- SIGNATURE _____

**For more information or to send in
your completed form please contact:**

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