

2018

Annual Recognition Luncheon

► **THURSDAY, MAY 24, 2018**
Doors Open at 11:30 a.m.
Program begins promptly at Noon

**Renaissance Cleveland Hotel
Grand Ballroom**
24 Public Square, Cleveland, Ohio

Support the Cleveland-Marshall Law Alumni Association and its Scholarship Fund by reserving space at the 2018 Annual Recognition Luncheon.

THE LUNCHEON WILL HONOR ALUMNI OF THE YEAR:

Matthew V. Crawford, '94
*President, COO & Director
Park-Ohio Holdings Corp.*



Judge Benita Y. Pearson, '95
*United States District Court
Northern District of Ohio*



All proceeds benefit scholarship funds for Cleveland-Marshall students

Register

To purchase a Sponsorship, Ad, Table and/or Tickets:

1. Register ONLINE at
www.csulaw.org/arl

OR

2. Complete the form and mail checks along with the form to:
Cleveland-Marshall Law Alumni Association
2121 Euclid Avenue, LB138
Cleveland, Ohio 44115

Please email Ad Artwork and Table Attendee Names by **May 4** to: CmlaaArl@gmail.com

For additional information, email CmlaaArl@gmail.com or call 216-687-2368

Please consider one of our 2018 Sponsorship Levels!

___ **GOLD SPONSOR** (Includes Table of 10, Full-page Ad in luncheon program, special recognition, priority seating and private pre-luncheon reception with honorees) @ **\$1750**

___ **Can't Attend?** Become a **SILVER SPONSOR** (Includes Full-page Ad in luncheon program and special recognition at luncheon) @ **\$1250**

___ **BRONZE SPONSOR** (Includes 4 luncheon tickets, Half-page Ad in luncheon program and special recognition at luncheon) @ **\$750**

___ **LUNCHEON TABLE(S)** of 10 @ **\$500** per table

___ **LUNCHEON TICKET(S)** @ **\$50** each

► **An AD is a great way to show your support!**

___ **HALF-PAGE AD** @ **\$450**

___ **QUARTER-PAGE AD** @ **\$250**

I would like to contribute \$ _____ to the scholarship fund. 100% provides financial support to Cleveland-Marshall students.

Name _____ Firm _____

Address _____
Street City State Zip

Phone _____ Email _____

Method of Payment:

Enclosed is my check payable to CMLAA.

Charge \$ _____ Visa MasterCard American Express

Name on Card: _____ Signature: _____

Account Number: _____ Exp. Date _____ Sec. Code _____