Join the Child Health Associate/Physician Assistant Program as we celebrate 50 years of educational excellence, preparing physician assistants for practice in all areas of medicine!

The 50th Anniversary Celebration event on Friday, October 4, from 6-9 p.m. at the University of Colorado South Denver is an opportunity for us to celebrate the history and accomplishments of the program, and to recognize philanthropic support for student scholarships!
50th Celebration Recognition Levels and Benefits

**PRESENTER: $10,000 and Above**
- Brief podium address opportunity
- Banner at the event
- Front-page logo on program
- Full-page recognition space in program
- Name/logo on invitation*
- Name/logo on event website

**PREMIER: $7,500**
- Recognition from the podium during the event
- Banner at the event
- Front-page logo on program
- Full-page recognition space in program
- Name/logo on invitation*
- Name/logo on event website

**INNOVATOR: $5,000**
- Recognition from the podium during the event
- Full-page recognition space in program
- Name on invitation*
- Name/logo on event website

**EXCELLENCE: $2,500**
- Recognition on-site at the event
- Half-page recognition space in program
- Name on invitation*
- Name/logo on event website

**PATRON: $1,000**
- Name/logo in program
- Name/logo on event website

*Invitation inclusion deadline is June 28, 2019
Event Registration

I am contributing to the support of student scholarships at the following level:

☐ $10,000
☐ $7,500
☐ $5,000
☐ $2,500
☐ $1,000

☐ I am unable to attend the event but would like to make a contribution to
the CHA/PA Scholarship Endowment in the amount of $ __________**

**Scholarship contributions at the level amounts indicated above qualify you for the associated benefits
and recognition opportunities listed at each level.

Contact Name: ____________________________________________________________
Name and/or Company Name (as it should appear on recognition materials):
Address: __________________________________________________________________
City: __________________ State: ___________ Zip: ______________
Email: __________________________ Phone: _______________________

☐ Please send me an invoice.
☐ I have enclosed a check (made payable to the CU Foundation).
☐ Charge my credit card.  ☐ VISA  ☐ MC  ☐ DISC  ☐ AMEX
CC# ____________________________ Exp. Date ___/___ Vcode ______

Signature ____________________________

Registration Form Submission

Please remit this form to: Office of Advancement
c/o Vanessa Duran and/or Lauren Wise
University of Colorado Anschutz Medical Campus
Mail Stop A065
13001 E. 17th Place, WG112
Aurora, Colorado 80045

Questions?
Please contact Vanessa Duran at vanessa.duran@ucdenver.edu or lauren.wise@ucdenver.edu.