

Presenting Sponsors

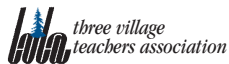


The
Ward
Melville
Heritage
Organization

Gold Sponsors



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Stony Brook Fire Department

Participation

Special Incentives for Teams!

Everyone is invited to participate in the Walk for Beauty. Join together with family, friends or members of your school and walk as a team. Individual registration fees are waived for those walking as members of a school team bringing in a minimum of \$500, or as part of a business team bringing in a minimum of \$750. Teams consist of a minimum of 10 people, and a maximum of 25.

You will be entered in a special raffle if you raise:

- \$100 as an individual
- \$500 as a school team or a team of family/friends
- \$750 as a business team

Survivors

Cancer survivors are invited to pick up a special survivor's hat at the "Survivors" table.

Tribute Signs

Purchase a tribute sign at the "Tribute" table on the day of the walk to wear in support or in memory of loved ones affected by cancer.

To get the facts about cancer, call:
Stony Brook University Medical Center's
CANCER HELPLINE 1.800.862.2215

SPONSORSHIP OPPORTUNITIES

GOLD - \$5,000 Donation

- Your logo will appear PROMINENTLY on the official Walk for Beauty, Walk for Life T-Shirt.
- Your logo will appear in the program distributed on the day of the Walk.
- Your logo will appear on the signage appearing on the day of the Walk.
- Your logo will appear in the 2-page promotional ad in the Times Beacon Newspaper.
- Your company will be able to place an exhibit table at the post-walk celebration.
- Your company name will appear on our Face Book pages

SILVER - \$2,000 Donation

- Your logo will appear on the official Walk for Beauty, Walk for Life T-Shirt.
- Your logo will appear in the program distributed on the day of the Walk.
- Your logo will appear on the signage appearing on the day of the Walk.
- Your logo will appear in the 2-page promotional ad in the Times Beacon Newspaper.
- Your company name will appear on our Face Book pages

BRONZE - \$1,000 Donation

- Your logo will appear on the program distributed on the day of the Walk.
- Your logo will appear on the signage appearing on the day of the Walk.
- Your logo will appear in the 2-page promotional ad in the Times Beacon Newspaper.

COPPER - \$500 Donation

- Your name will appear in the program distributed on the day of the Walk.
- Your name will appear in the 2-page promotional ad in the Times Beacon Newspaper

CONTRIBUTIONS: \$100 - \$499 Donation

- Your name will appear in the program distributed on the day of the Walk.

ATTACH THIS FORM TO YOUR CONTRIBUTION

Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Tel. (H) _____ (W) _____
E-mail address _____

Please make checks payable to the Walk for Beauty Fund.
Walk for Beauty Fund, c/o Stony Brook University
Medical Center, Department of Community Relations
45 Research Way, Suite 204, East Setauket, NY 11733

Non-Profit Org.
U.S. Postage
PAID
Permit No. 65
Stony Brook, NY
11790

Department of Community Relations
Stony Brook University Medical Center
45 Research Way, Suite 204
E. Setauket, NY 11733



Walk for Beauty,
Walk for Life

Support Breast and Prostate Cancer Research
at Stony Brook University



Sunday
October 4, 2009

Registration: 8:30 a.m.
Start: 9:30 a.m.
Distance: 6K/4K
Start Line: Stony Brook Post Office
Registration Fee: \$15
\$20 after 9/19/09

FOR ADDITIONAL BROCHURES CALL

631-444-4000 or go to:
www.stonybrookmedicalcenter.org/walkforbeauty
www.WMHO.org

PRINTED ON RECYCLED PAPER

Village Times Herald
Alysa Cutler

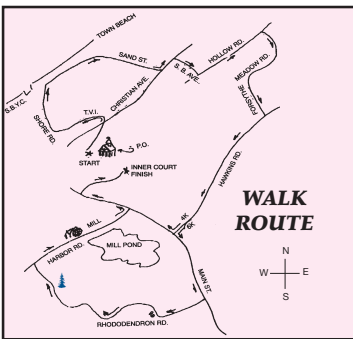
Walk for Beauty, Walk for Life began in 1994 as a community effort to raise awareness about breast cancer and to establish a boutique for people with cancer. The Unique Boutique, a collection of shopkeepers who provide products and services for patients with cancer, and The Walk for Beauty Fund enable patients with cancer to purchase wigs, prostheses and other special products. Since 1996, the Walk for Beauty has supported breast cancer research at Stony Brook University (SBU). In 2002, the Walk broadened its scope to include prostate cancer. Proceeds from the 2009 Walk for Beauty, Walk for Life will support breast and prostate cancer research at Stony Brook University. **All proceeds go directly to research, never to administrative fees. Nothing is deducted for administrative costs. Donations are fully tax deductible.**

How It Works

Walkers collect donations from family, friends and co-workers. All donations are submitted at registration on the day of the Walk. See registration form for pre-registration information.

When & Where

This year's Walk for Beauty (4K/6K) will be held in beautiful and historic Stony Brook on **Sunday, October 4th, 2009** with the start line at the Stony Brook Post Office.



Stony Brook Village Center Walk Route

The 6K walkers have the option of walking through **Avalon Park and Preserve**.

Parking

Please park in South-P Lot on the campus of Stony Brook University, just minutes from the **Walk** start-line. Shuttle buses will run continuously between P-Lot and Stony Brook Village Center. **(See map below.)**

Express Check-In

Parking in P-Lot will enable you to take advantage of the express registration area located there. Once you arrive at the Stony Brook Village Center, you'll be registered and ready to walk!



DIRECTIONS TO P-LOT

25A From the east. Turn left at Nicolls Road. At the 3rd traffic light, turn right onto the Stony Brook "South" campus. Follow signs on South Drive to P-Lot, which will be on the left.

25A From the west. Turn right at Stony Brook Road. At the first traffic light, turn left onto Stony Brook "South" campus. P-Lot is directly on the right.

From the LI Expressway (495). Take Exit 62 (Rt. 97, Nicolls Road). Go north on Nicolls Road (about 9 miles). Turn left at the first entrance for the Stony Brook campus. This is South Drive. Follow the road signs to P-Lot which will be on the left.

For assistance with directions, call 631.444.4000.

WALKER SPONSOR SHEET



All walkers must register to participate. Collect the donations from your sponsors using this form. Your donation is fully tax deductible. Sponsors convert cash to a check. Please make checks payable to the **Walk for Beauty Fund** and bring your donations with you to the registration table or mail in advance to:

Walk for Beauty Fund, c/o Stony Brook University Medical Center, Community Relations Department, 45 Research Way, Suite 204, E. Setauket, NY 11733

Name of Walker _____ Team Name _____

Company Name and Department _____

Address _____

City/State/Zip _____ Phone _____

Sponsors: Pay only by check to the Walk For Beauty Fund

	Sponsor Name	Address (Street, City, State, Zip)	Contribution
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

ATTACH THIS FORM TO YOUR CONTRIBUTIONS

More Sponsors? Please use plain paper and attach. Contributions are fully tax deductible. For more information call: 631.444.4000.

TOTAL _____

REGISTRATION FORM

Must be filled out for each walker.

Donation
 • Individuals: \$20
 • I cannot walk but here is my \$_____ donation.
Pre-Registration Bonus
 Walkers who register by 9/19 will receive a \$5 savings off the registration fee. To pre-register please mail the completed registration form and checks
 (\$15 Minimum) made payable to:
Walk for Beauty Fund
c/o Stony Brook University Medical Center
Department of Community Relations
45 Research Way, Suite 204, E. Setauket, NY 11733
 T-Shirts

Registered walkers will receive a Walk for Beauty, Walk for Life T-Shirt while supplies last. On the day of the Walk there will be a special table where you may pick up T-shirts. Pre-registration forms must be post-marked no later than September 19. **To confirm registration please provide e-mail address below or call 631.444.5250.**

PLEASE PRINT

Name _____

Team Name _____

Company and Dept. _____

Address _____

City _____

State _____ Zip _____

Tel. (H) _____ (W) _____

E-mail address _____

Age if minor _____

Name of adult with minor _____

In signing this form for myself (or participant below if he or she is under 18), I understand and I agree to absolve Stony Brook University Medical Center and all sponsors, be they individuals or organizations, individually or collectively, of all blame for any injury, misadventure, harm, loss or inconvenience suffered in any of the activities associated with the said event. I grant full permission for organizers to use my name, likeness, or voice and photographs, videotapes or quotations from me in accounts and promotions in any medium for this event.

 SIGNATURE OF PARTICIPANT

 SIGNATURE OF PARENT (if participant is under 18)