



# RESERVATION FORM ANNUAL GALA

Sunday, October 22, 2017 • Marina del Rey



**To make a reservation: please call, fax or mail check with this completed form. Make check payable to:  
Bronx County Medical Society • P.O. Box 740402, Bronx, NY 10474**

Name: (print) \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-mail (required): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_

Payment/Check #: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

**I wish to pay by Credit Card** (please check one): Visa  MasterCard  American Express

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

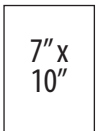
Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Billing Address if different: \_\_\_\_\_

**INFORMATION OR RESERVATIONS: 347.933.0434 or Email: bronxphysicians@gmail.com**

### GALA JOURNAL ADVERTISEMENTS

**Ad Reservation Deadline: September 22, 2017**



Full page AD



Half page AD

- Full page Color ..... **\$800**
- Full page Black & White ..... **\$500**
- Half page Message Black & White ..... **\$250**  
(On shared page up to 50-words)

### GALA JOURNAL AD/LOGO REQUIREMENTS

**Ad & logo MUST be received on or before: October 10, 2017**

**E-mail Ad & Logo to: bronxphysicians@gmail.com**

#### Ad file requirements:

- **7" w x 10" t live area** for Full page Ad /no bleed
- **7" w x 4.75" t live area** for Half page Ad /no bleed
- high-resolution / AD MUST BE SIZED CORRECTLY
- file must be **jpeg or press-quality pdf 300 dpi**

#### Logo requirements:

- all logos must be supplied separately in **high-resolution 300 dpi format** as a **jpeg, eps or pdf**

### GALA SPONSORSHIP OPPORTUNITIES

- DIAMOND SPONSOR ..... \$10,000** • Includes (1) Reserved Dinner Table for 10; Exhibitor Booth (2 Reps) - Sponsorship Distinction; Journal **AD/COLOR ON BACK COVER**
- PLATINUM SPONSOR ..... \$8,000** • Includes (1) Reserved Dinner Table for 10; Exhibitor Booth (2 Reps) - Sponsorship Distinction; Journal **AD/COLOR ON INSIDE FRONT or INSIDE BACK COVER**
- GOLD SPONSOR ..... \$5,000** • Includes (1) Exhibitor Booth (2 Reps) - Sponsorship Distinction; (2) Dinner Dance Tickets; Journal **AD/FULL PAGE COLOR**
- SILVER SPONSOR ..... \$3,000** • Includes (1) Exhibitor Booth (2 Reps) - Sponsorship Distinction; (2) Dinner Dance Tickets; Journal **AD/FULL PAGE BLACK & WHITE**
- BRONZE SPONSOR ..... \$1,000** • Includes (2) Dinner Dance Tickets; Journal **AD /FULL PAGE BLACK & WHITE**

### PHYSICIAN EXPO EXHIBITOR BOOTH

- Exhibitor Booth ..... \$1,500** • (1) Booth, (2) Representatives (2) Dinner Tickets

### CONTRIBUTIONS

If you cannot attend but wish to make a contribution, please call: **347.933.0434**

### TICKETS AND TABLES Reservations are required for attendance.

**No payments will be taken at the door. Tickets must be purchased no later than: October 10, 2017.**

*A portion of your dinner tickets is tax deductible, please consult with your accountant.*

**Dinner Ticket(s) at \$185 each person** (number of tickets) # \_\_\_\_\_

**Dinner Table of 10 people receives a 10% discount, each table \$1,600** (number of tables) # \_\_\_\_\_