



RESERVATION FORM
ANNUAL GALA



Sunday, October 20, 2019 - Villa Barone Manor

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: \$ _____

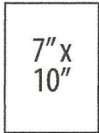
Name on Card: _____ Signature: _____

Card Billing Address if different: _____

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

GALA JOURNAL ADVERTISEMENTS

Ad Reservation Deadline: October 11, 2019



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 11, 2019

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 14, 2019

A portion of your dinnertickets 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) # _____