



24th Annual Anniversary and Gala Dinner 2018

SPONSORSHIPS For Gala Dinner.

___ **Ruby Sponsor at \$7,000.00**

Incl.: 1 full page ad, a table for eight guest and honorable mentions during the event, as well as prominent display and page in event Journal.

___ **Sapphire Sponsor at \$ 5,000.00**

Incl.: 1/2 table of six guest, half page ad, and honorable mentions during the event, as well as prominent display and page in event Journal.

___ **Emerald Sponsor at \$3,000.00**

Incl.: 1/4 table of four guest, quarter page ad, and a honorable mentions during the event, as well as prominent display and page in event Journal.

SOUVENIR JOURNAL ADVERTISEMENTS

___ OUTSIDE BACK COVER (9" x 6.5")	\$800	___ INSIDE FRONT COVER	\$700
___ INSIDE BACK COVER (9" x 6.5")	\$650	___ FULL PAGE (9" x 6.5")	\$600
___ HALF PAGE (4.5" x 6.5")	\$400	___ QUARTER PAGE (4.5" x 3.25")	\$250
___ EIGHTH PAGE (2.25" x 3.25")	\$150	___ BUSINESS CARD (No staples, please)	\$125

Additional Cost for Ad Artwork Creation or Photo's is \$25.00

NAME: _____

COMPANY NAME: _____

CONTACT: _____ *(If someone else responsible for ad submission)*

ADDRESS: _____

TELEPHONE DAY : _____ EXT. _____ CELL PHONE: _____

EMAIL ADDRESS: _____

SIGNATURE _____

All ads must be submitted camera ready by **October 5, 2018 WITH PAYMENT and contract in order to be placed in the journal.** Note: please submit ads as .pdf or .doc files, preferably. Ads placed after October 5, 2018 must be accompanied with payment and may appear as addendum to the journal.

PLEASE EMAIL YOUR CONTRACT & AD TO: sreyes@nhsolqueens.org

INDIVIDUAL TICKETS

___ Tickets/Seats at \$150per seat

___ One table of ten at \$1500 per table

Make & mail your company check/money order payable to: NHS of Queens CDC, Inc.

60-20 Woodside Avenue, 2nd fl. Woodside, NY 11377.

Attention: Sandra Reyes - Tel: 718.457.1017 - Ext #02



24th Anniversary and Gala Dinner

_____ will attend with _____ Guest

_____ I will not be able to attend, but would like to make a donation.

I have enclosed my donation/payment of \$ _____

Name: _____

Phone: _____

Company: _____

Please make check payable to: NHS of Queens CDC, Inc.

Please RSVP by Friday, October 12, 2018 via mail or email at sreyes@nhsofqueens.org

Make & mail your company check/money order payable to:

NHS of Queens CDC, Inc.

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Woodside, NY 11377

Attention: Sandra Reyes - Tel: 718.457.1017 - Ext. 02

NHS of Queens CDC is a 501(C)3 not for profit organization and your contribution is tax deductible