

**GATEWAY MEDICAL SOCIETY
“PHYSICIAN OF THE YEAR”
GALA SPONSORSHIP OPPORTUNITIES
OCTOBER 28, 2017**

PLEASE CONSIDER SPONSORING THE EVENT AT ONE OF THE FOLLOWING LEVELS:

- **PRESENTING SPONSOR (1) - \$25,000:** VIP seating for 30 guest, cover ad in the program book; verbal acknowledgement during the program. Eight (8) Host party tickets. Sponsorship mentioned in all media releases and on all printed material. Opportunity for sponsor representative to speak during program.
- **PLATINUM SPONSOR (1) -- \$20,000:** VIP seating for 20 guest, cover ad in the program book; verbal acknowledgement during the program. Four (4) Host party tickets. Opportunity for sponsor representative to speak during program.
- **DIAMOND SPONSOR (2) - \$15,000:** Preferential seating for 15 guests, full page ad strategically placed in program book; verbal acknowledgement during the program. Four (4) Host party tickets.
- **GOLD SPONSOR- \$10,000:** Preferential seating for 15 guests, full page ad strategically placed in program book; verbal acknowledgement during the program. Two (2) Host party tickets.
- **SILVER SPONSOR - \$5,000:** Seating for 15 guests, half page ad placed in program book; acknowledgement on the sponsor page of the program book. Two (2) Host party tickets.
- **BRONZE SPONSOR - \$2,500:** Seating for 15 guests, quarter page ad placed in program book; acknowledgement on the sponsor page of the program book. Two (2) Host party tickets.
- **TABLE SPONSOR-\$1,250:** Seating for 10 guests, acknowledgement on the sponsor page of the program book. One (1) Host party ticket.

PROGRAM BOOK AD INFO RMATION

- Full Page \$200 4 .5 X 7.5
- Half Page \$100 4.5 X 2 ¾
- Quarter Page \$50 2 ¼ X 2 ¾

Please forward camera ready ad to administration@gatewaymedicalsociety.org

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SPONSORSHIP /AD SUBMISSION FORM

NAME _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ EVENING _____ FAX _____

E-MAIL _____

SPONSORSHIP LEVELS (PLEASE CHECK):

- | | | | |
|-----------------------------------|----------|---------------------------------|---------|
| <input type="checkbox"/> PLATINUM | \$20,000 | <input type="checkbox"/> SILVER | \$5,000 |
| <input type="checkbox"/> DIAMOND | \$15,000 | <input type="checkbox"/> BRONZE | \$2,500 |
| <input type="checkbox"/> GOLD | \$10,000 | <input type="checkbox"/> TABLE | \$1,250 |

CAMERA READY LOGO/ARTWORK ENCLOSED

Full Page \$200 Half Page \$100 Quarter Page \$50

ENCLOSED IS MY CHECK PAYABLE TO GATEWAY MEDICAL SOCIETY

CHARGE MY CREDIT CARD (PLEASE CALL WITH CARD INFORMATION)

PLEASE SEND AN INVOICE TO MY COMPANY AT THE ADDRESS ABOVE

Please return form to: Gateway Medical Society
1835 Centre Avenue, Suite 208
Pittsburgh, PA 15219

