



Cocktails

FOR A CAUSE

THE SMITH INFECTIOUS DISEASES FOUNDATION

THURSDAY, OCTOBER 2, 2014

THE PARK SAVOY ESTATE

FLORHAM PARK, NEW JERSEY

Cocktails
FOR A CAUSE

Sponsorship Opportunities

GOLD \$10,000

- TWO VIP TABLES OF 10
- TWO FULL PAGE ADS IN THE COMMEMORATIVE JOURNAL
- PROMINENT BANNER AT THE RECEPTION
- RECOGNITION IN THE PROGRAM AND DURING THE RECEPTION
- PHOTO OPPORTUNITIES WITH VIP HONOREES AND GUESTS

SILVER \$5,000

- ONE VIP TABLE OF 10
- FULL PAGE AD IN THE COMMEMORATIVE JOURNAL
- PROMINENT BANNER AT THE RECEPTION
- PHOTO OPPORTUNITIES WITH VIP HONOREES AND GUESTS

BRONZE \$3,000

- ONE VIP TABLE OF 10
- FULL PAGE AD IN THE COMMEMORATIVE JOURNAL

INDIVIDUAL RECEPTION TICKET \$250

\$85 PER TICKET IS TAX DEDUCTIBLE

THE SMITH INFECTIOUS DISEASES FOUNDATION, INC. IS A TAX-EXEMPT 501 (C)(3) ORGANIZATION.
ALL OTHER CONTRIBUTIONS ARE TAX-DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW.

MAKE CHECKS PAYABLE TO: THE SMITH INFECTIOUS DISEASES FOUNDATION
FOR ADDITIONAL INFORMATION: 609.395.1972



PLEASE JOIN US FOR OUR 3RD ANNUAL BENEFIT
THURSDAY, OCTOBER 2, 2014

SUPPORTING THE SMITH INFECTIOUS DISEASES FOUNDATION

THE PARK SAVOY ESTATE
236 RIDGEDALE AVENUE, FLORHAM PARK, NJ
6:30 PM COCKTAIL RECEPTION
INCLUDING OPEN BAR, CARVING STATIONS & HEALTHY FOOD

HONORING BILL & JOAN RAFTERY

WITH THE SMITH INFECTIOUS DISEASES FOUNDATION ACHIEVEMENT AWARD

PRESENTING THE DR. ROBERT SETRAG DORIAM AWARD TO

DR. H. STEPHEN FLETCHER

EMCEE

LEN BERMAN, EMMY-AWARD WINNING SPORTSCASTER

PAYMENT INFORMATION

NAME: _____ COMPANY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MY CHECK IS ENCLOSED

MY PAYMENT WAS SUBMITTED PREVIOUSLY

PLEASE CHARGE MY AMEX VISA MASTERCARD DISCOVER

CARD #: _____ NAME ON CARD: _____

EXP DATE: _____ SECURITY CODE: _____ SIGNATURE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

**PLEASE MAKE CHECKS PAYABLE TO:
THE SMITH INFECTIOUS DISEASES FOUNDATION.**

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FOUNDATION IS A 501(C)3 ORGANIZATION.



SPONSORSHIP/TABLES/TICKETS

- GOLD: \$10,000 SILVER: \$5,000 BRONZE: \$3,000
 RECEPTION TICKET: \$250

I/WE ARE UNABLE TO ATTEND THE BENEFIT, BUT WOULD LIKE TO SUPPORT DR. SMITH'S WORK WITH A CONTRIBUTION OF \$_____, ENCLOSED HEREWITH.

COMMEMORATIVE JOURNAL

- BACK COVER (FULL COLOR): \$10,000 BRONZE FULL PAGE: \$1,500
 INSIDE FRONT COVER (FULL COLOR): \$5,000 BLACK & WHITE FULL PAGE: \$1,000
 INSIDE BACK COVER (FULL COLOR): \$5,000 BLACK & WHITE HALF PAGE: \$500
 GOLD FULL PAGE: \$2,500 BLACK & WHITE QUARTER PAGE: \$250
 SILVER FULL PAGE: \$2,000 PATRON LISTING (NAME ONLY): \$100

JOURNAL AD SIZES: FULL PAGE 8 1/2" x 11"
HALF PAGE 8 1/2" x 5 1/2"
QUARTER PAGE 4 1/4" x 5 1/2"

**EMAIL YOUR AD TO: JJACKSON@POSITIVEIMPACTPARTNERS.NET
DEADLINE FOR ADS IS SEPTEMBER 25TH, 2014**



TABLE NAME OR COMPANY: _____

PLEASE LIST ATTENDEES BELOW THAT WILL BE SEATED TOGETHER:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

INDIVIDUAL SEATING:

PLEASE LIST ATTENDEES BELOW THAT WILL BE SEATED TOGETHER:





THE SMITH INFECTIOUS DISEASES FOUNDATION
PO Box 294
EAST RUTHERFORD, NJ 07073
609.395.1972