

SPONSORSHIP OPPORTUNITIES

Event Underwriter - \$50,000*

- Twenty (20) Guests
- Customize Your Package

Lead Sponsor - \$25,000*

- Fifteen (15) Guests
- Customize Your Package

Platinum Sponsor - \$15,000*

- Ten (10) Guests
- Customize Your Package

*CUSTOMIZE-YOUR-PACKAGE!

Customize a package that works best for you.
Options include:

- Premier Program Seating
- Prominent Recognition on Event Signage
- Preferred Placement of Full-page Ad in Virtual Journal
- VIP Lunch with Newark Israel Medical Center President and CEO Darrell K. Terry, Sr., MHA, MPH, FACHE, FHELA
- Uniquely Curated Wellness Experiences
- And more options to discuss!

Gold Sponsor - \$10,000

- Eight (8) Guests
- Full-page Ad in Virtual Journal

Silver Sponsor - \$7,500

- Six (6) Guests
- Full-page Ad in Virtual Journal

Copper Sponsor - \$5,000

- Five (5) Guests
- Half-page Ad in Virtual Journal

Bronze Sponsor - \$2,500

- Two (2) Guests
- Half-page Ad in Virtual Journal

TICKETS

Friend of the Beth Ticket - \$1,000

- One (1) Guest
- Listing in the Virtual Journal

Individual Ticket - \$500

- One (1) Guest

Medical Staff Ticket - \$250

- One (1) Active Member of the NBIMC Medical Staff

ADVERTISING OPPORTUNITIES **Deadline: September 1**

\$1,500: Full-page Virtual Ad and Website Listing

Full-page Ad: Widescreen dimensions: 13.333 in x 7.5 in.
(16:9 ratio) Ad can be provided in PowerPoint with
accompanying PDF file, or; in JPG, PNG or PDF format

\$750: Half-page Virtual Ad

Half-page Ad: Widescreen dimensions: 6.6665 in x 7.5 in
(16:9 ratio) Ad can be provided in PowerPoint with
accompanying PDF file, or; in JPG, PNG or PDF format

E-mail your high-resolution ad to chris@gailpstone.events as a PDF or JPG.

I am/we are unable to attend but would like to make a tax-deductible contribution of: \$ _____

Name: _____

Title: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Enclosed is my check made payable to:
Newark Beth Israel Medical Center Development Department

Please charge my contribution to:

- Company Card Personal Card
 VISA MC DISCOVER AMEX

Total Check/Charge Amount \$ _____

Name as it appears on card: _____

Credit Card # _____

Exp. _____ CVV: _____

Complete and mail to: Partners in Progress 2023

c/o NBIMC Development Department
201 Lyons Avenue, G2, Newark, NJ 07112

To make an **ACH payment**, please contact us at 973-926-7018 or NBIDevelopment@rwjbh.org.

NBIMC is a tax-exempt organization. Tax # 22-3452311.
Your contribution, less \$250 per ticket, is tax-deductible to the fullest extent allowed by law.

Register and Make a Payment online at www.NBIPartners.org

Event Contact: Mimi Figueroa at mimi.figueroa@rwjbh.org or 973.926.7018.

Proceeds will support Geriatric Programming and Clinical Care at Newark Beth Israel Medical Center.