

All Artwork Must Be Received by February 10, 2020

Email artwork and completed form to: dpoli@nycspinalcord.org or mail to NYC Spinal, C/O 1513 125th Street, College Point, NY 11356

Full page ad size: 8 1/2" W x 11"H, Half page ad size: 8 1/2" W x 5 1/2" H. Full/half page color bleed or No-bleed ads. Preferred format is high-resolution PDF (.psd, .tiff or .jpeg) with logos and artwork, vector preferred. Any ad supplied in Microsoft Word will be reformatted.

Sponsor Contact Information:		Please reserve the following sponsorship for myself / my company.	
COMPANY/DONOR NAME – FOR EVENT JOURNAL: <i>(As it should appear in journal)</i>			
CONTACT NAME:		ADDRESS:	
TITLE:		CITY:	STATE: ZIP:
EMAIL: <i>(Required to forward receipt and event documentation. Please print clearly)</i>			PHONE:

Sponsorship Information:		SELECT SPONSORSHIP LEVEL(S):	
<input type="checkbox"/>	Presenting	\$10,000	Specialty Sponsorships
<input type="checkbox"/>	Platinum	\$5,000	<input type="checkbox"/> DJ \$1,500
<input type="checkbox"/>	Gold	\$2,500	<input type="checkbox"/> Live Entertainment \$1,500
<input type="checkbox"/>	Silver	\$1,000	<input type="checkbox"/> Photo Booth \$1,500
<input type="checkbox"/>	Bronze	\$500	<input type="checkbox"/> Video & Photography \$1,500
<input type="checkbox"/> AD – ONLY <input type="checkbox"/> Full Page \$350 <input type="checkbox"/> Half Page \$250			
<input type="checkbox"/> Additional VIP Sponsor Admission Tickets (\$5 discount off \$40 General Admission) # _____ @ \$35 = \$ _____			
<input type="checkbox"/> Donation \$ _____ I cannot attend, please accept my donation.			
TOTAL BALANCE DUE \$ _____			
<input type="checkbox"/>	Gift-in-Kind Donation Please describe below with estimated value:		
<input type="checkbox"/> Gift Enclosed <input type="checkbox"/> Contact me to arrange pick-up/delivery			

Payment Information:		Payment is due at time of registration.	
<input checked="" type="checkbox"/> Check enclosed payable to NYC Spinal Mail check with completed form to: NYC SPINAL c/o Debra Poli 15-13 125th Street College Point, NY 11356		<input type="checkbox"/> Please process payment by Credit Card: <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Name on Card: _____ Card number: _____ Exp. Date: _____ Security code: _____ Billing Zip: _____	
SIGNATURE:		DATE:	