

Gift Bag Print Sponsorship Reply Form

We wish to sponsor the Gift bags and have them imprinted with our logo along with the event.

For program credit, please use: Name _____ OR Company Name _____

Name: _____

Company: _____

Street Address: _____

City / ST / ZIP: _____

Contact Name: _____

Contact E-Mail: _____ Phone: _____

Website: _____

Social Media facebook.com/ _____ Twitter @ _____
Pinterest.com / _____ Instagram.com / _____

Logo Request - Please include a hi-res (300+ dpi) digital copy of your company's preferred logo. Acceptable formats include .eps, .jpg, .pdf.

We wish to include a coupon for the Virtual Gift Bag shared with the Guests & online community

We wish to participate in the Digital Gala Program Journal with a discounted thank you ad:

We select	Ad Size	Published Price	YOUR Price
<input type="checkbox"/>	Full Page	\$2,000	\$1,000
<input type="checkbox"/>	Half Page	\$1,000	\$500
<input type="checkbox"/>	Quarter Page	\$500	\$250
<input type="checkbox"/>	Biz Card	\$250	\$125
<input type="checkbox"/>	Mini Ad	\$100	\$50
<input type="checkbox"/>	Listing	\$50	\$25

Submission Details will be provided to you upon receipt of your selection and payment.

Payment Options –

Check (enclosed, payable to “HealthCorps”)

Paying Online with our registration at Cvent

Charge Card: AMEX MC Visa Discover

Name _____ Card # _____

Expires _____ CVV / Security Code _____

Signature _____

Billing address on Card is SAME

Billing address for card is _____

Please return the completed form to:

Electronically: rob.lunde@healthcorps.org

By Mail: HealthCorps Gala, 75 Broad St – Suite 2505, NY, NY 10004