

SPONSORSHIP OPPORTUNITIES

_____ Luncheon Sponsor - \$25,000

Cocktail reception and preferred seating at luncheon for table of ten, private photo opportunity with honorees, an inside front or inside back cover ad in journal and inside front or inside back ad in luncheon program.

_____ Platinum Sponsor - \$15,000

Cocktail reception and preferred seating at luncheon for table of ten, private photo opportunity with honorees, a gold page ad in journal and a full page ad in luncheon program.

_____ Gold Sponsor - \$10,000

Cocktail reception and seating at luncheon for table of ten, private photo opportunity with honorees, a gold page ad in journal and a full page ad in luncheon program.

_____ Silver Sponsor - \$5,000

Cocktail reception and seating at luncheon for table of ten, photo opportunity with honorees, a silver page ad in journal and a half-page ad in luncheon program.

_____ Bronze Sponsor - \$2,500

Cocktail reception and seating at luncheon for table of ten and a full page ad in journal.

_____ Individual Tickets - \$250

Includes seating for one at reception and luncheon

JOURNAL OPPORTUNITIES

(Please note the journal ads are in Black & White for Gold & Silver pages. Journals for inside front/back covers, outside back cover, full, half & quarter page ads are in color. The deadline for submitting the journal ads is Monday, November 7, 2016.

Please email ads to aayroso@telecaretv.org)

Inside Front Cover.....	\$3,500
Inside Back Cover	\$3,500
Outside Back Cover	\$3,500
Gold Page	\$2,500
Silver Page	\$1,500
Full Page	\$1,200
Half Page	\$750
Quarter Page	\$500

Camera Ready Art Sizes:

Gold, Silver & Full Page Ads 7"W x 10"H

Half Page Ads 7"W x 5"H

Quarter Page Ads 3.5"W x 5"H

_____ **YES**, I would love to support Telecare and the Awards Luncheon. Please find my selection checked off on the opposite side.

_____ **YES**, I would love to support Telecare and the Awards Luncheon. I am not able to attend but please accept my donation.

NAME

COMPANY

ADDRESS

CITY/STATE/ZIP

TELEPHONE

EMAIL

PAYMENT AMOUNT \$ _____

PAYMENT OPTIONS: _____ **AMEX** _____ **MASTERCARD** _____ **VISA** _____ **DISCOVER**

NAME ON CARD

CREDIT CARD NUMBER

EXPIRATION DATE _____

VERIFICATION CODE _____

Please complete and return to:

Telecare

1200 Glenn Curtiss Blvd.

Uniondale, NY 11553

For information, please contact:

Angelica Ayroso at 516.538.8704 ext. 148 or

Email at aayroso@TelecareTV.org