

**JOURNAL CONTRACT**

Wednesday, December 5, 2018 | 6:00 - 8:00 PM  
 Steelcase WorkLife Center, 4 Columbus Circle, New York, NY

- FOUNDER.....\$17,500** Includes full Founder page and 25 tickets to the reception with distinctive recognition at the event.
- GUARDIAN.....\$12,500** Includes full Guardian page and 20 tickets to the reception with special recognition at the event.
- LEADER.....\$9,000** Includes full Leader page and 16 tickets to the reception with special recognition at the event.
- BENEFACTOR.....\$6,000** Includes full Benefactor page and 12 tickets to the reception with special recognition at the event.
- PATRON.....\$4,000** Includes full Patron page and 10 tickets to the reception.
- DONOR.....\$2,500** Includes 10 tickets to the reception with recognition in the journal.
- FULL PAGE.....\$1,500** Includes full page ad and 2 tickets to the reception.
- HALF PAGE.....\$875** Includes half page ad and 1 ticket to the reception.
- QUARTER PAGE.....\$625** Includes quarter page ad.

**HONORING:**


Kenneth L. Davis, M.D.  
 President and Chief Executive Officer of the Mount Sinai Health System  
*Leon J. Warshaw Leadership in Health Care Award*


David Sandman  
 President and Chief Executive Officer of the New York State Health Foundation  
*Outstanding Leadership in Health Care Award*

Claire Levitt  
 Deputy Commissioner, NYC Mayor's Office of Labor Relations  
*Outstanding Leadership in Workplace Health Award*

**AD SPECIFICATIONS:**

Full Page: 9"h x 6"w 

½ Page: 4"h x 6"w 

¼ Page: 2"h x 4"w 

Ads may be provided in PDF format (Adobe Acrobat) and e-mailed to [adria@nebgh.org](mailto:adria@nebgh.org)  
 Ads are black and white/grayscale.

**Artwork Deadline: November 16, 2018**

Tax deductible portion of each ticket is \$190.

Please reserve \_\_\_\_ ticket(s) at \$250 per person.

**TOTAL CONTRIBUTION** \$   
*(i.e., Tickets, Founder)*

Please send me an invoice  
*(Payable by check or credit card)*

Check enclosed

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SIGNATURE TELEPHONE \_\_\_\_\_

Please make checks payable to  
 Northeast Business Group on Health.

We kindly ask that you submit payment  
 within 30 days of the commitment date.