

COMMITMENT FORM

Monday, December 2, 2019 | 6:00 - 8:00 PM
 WebMD, 395 Hudson Street, New York, NY

HONORING:

Michael McGuire

Health Plan CEO of NY, UnitedHealthcare
Leon J. Warshaw Leadership in Health Care Award

Michael Dowling

President and Chief Executive Officer
 Northwell Health
Excellence in Health Care Award

Steven First

Vice President of Global Benefits, Pfizer Inc.
Outstanding Leadership in Workplace Health Award

AD SPECIFICATIONS:

Full Size: 1920px wide x 1080px high



Half Size: 960px wide x 1080px high



Digital ads to be provided in hi-res JPEG format and will be displayed in RGB. Logo files to be sent as vector EPS. E-mail artwork and logo to adria@nebgh.org

Artwork Deadline: November 20, 2019

Tax deductible portion of each ticket is \$190.

- FOUNDER.....\$17,500** Full size ad in both digital journal and revolving on display during the event. Prominent logo recognition displayed at event on signage. Logo included on email marketing. Includes 30 tickets to the reception.
- GUARDIAN.....\$12,500** Full size ad in both digital journal and revolving on display during the event. Logo displayed at event on signage. Includes 25 tickets to the reception.
- LEADER.....\$10,000** Full size ad in both digital journal and revolving on display during the event. Logo displayed at event on signage. Includes 20 tickets to the reception.
- BENEFACTOR.....\$7,500** Full size ad in both digital journal and revolving on display during the event. Logo displayed at event on signage. Includes 15 tickets to the reception.
- PATRON.....\$5,000** Full size ad in both digital journal and revolving on display during the event. Includes 10 tickets to the reception.
- DONOR.....\$2,500** Half size ad in both digital journal and revolving on display during the event. Includes 5 tickets to the reception.
- FRIEND.....\$1,500** Half size ad in both digital journal and revolving on display during the event. Includes 2 tickets to the reception.
- SUPPORTER.....\$725** Half size ad in both digital journal and revolving on display during the event. Includes 1 ticket to the reception.

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

Please make checks payable to
 Northeast Business Group on Health.

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

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

SIGNATURE _____ TELEPHONE _____