

# REGISTRATION FOR THE 2019 RED LANTERN GALA | SATURDAY, NOVEMBER 2, 2019

DONOR NAME (as it should be acknowledged in print):

LAST NAME:

FIRST NAME:

COMPANY/TITLE:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT PHONE:

CONTACT EMAIL\*:

DINNER PARTY NAME:

*\*Please provide a valid e-mail address. Your gala registration ticket will be sent to you by e-mail.*

## DINNER AT PIER 60

\$600 per person \*Door price: \$700 per person

\$5,000 Per Table for 10

\$10,000 VIP Table for 10

## SPONSORSHIP PACKAGES

### DIAMOND \$40,000 AND UP

Full-color Inside Front or Inside Back Cover Advertisement in Gala Journal  
• Customized message & logo to be featured during the Gala Slideshow  
• VIP Table For 10 • Exhibition Booth during the Annual Scientific Conference • Acknowledgement at Lunch • Company logo & link on CAMS website • Full-color banner hung in gallery during Annual Conference & Gala.

### PLATINUM \$25,000

Full-color Journal Advertisement • Customized message & logo to be featured during the Gala Slideshow • VIP Table for 10 • Exhibition Booth during Annual Scientific Conference • Company logo & link on CAMS website

### GOLD \$15,000

Full-color Journal Advertisement • Customized message & logo to be featured during the Gala Slideshow • VIP Table for 10 • Company logo & link on CAMS website

### SILVER \$10,000

Full-color Journal Advertisement • Customized message & logo to be featured during the Gala Slideshow • 6 Seats for Dinner • Company logo & link on CAMS website



## GALA JOURNAL ADVERTISING

- \$3,000 FULL PAGE COLOR ADVERTISEMENT
- \$2,000 FULL PAGE BLACK & WHITE ADVERTISEMENT
- \$1,500 HALF PAGE BLACK & WHITE ADVERTISEMENT
- JOURNAL ADVERTISING \$ \_\_\_\_\_
- DINNER TICKETS \$ \_\_\_\_\_
- TABLE SPONSOR \$ \_\_\_\_\_
- I AM UNABLE TO ATTEND THIS  
EVENT, BUT WISH TO CONTRIBUTE \$ \_\_\_\_\_
- TOTAL DUE: \$ \_\_\_\_\_**

MY PAYMENT IN THE AMOUNT OF \$ \_\_\_\_\_ IS ENCLOSED.

**Please make all checks payable to: Chinese American Medical Society**

OR

**PLEASE CHARGE MY:**



NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

CARD EXPIRATION DATE (MO/YR): \_\_\_\_\_ / \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

## *New*

### JOURNAL AD SPECIFICATIONS

FULL PAGE:  
VERTICAL (8.5" W X 11" H)

HALF PAGE:  
HORIZONTAL (8.5" W X 5.5" H)

### DEADLINES

JOURNAL AD SUBMISSION:  
OCTOBER 1, 2019

GALA REGISTRATION:  
OCTOBER 18, 2019

GUEST LIST:  
OCTOBER 25, 2019

Please submit all information to:  
Jamie Love at [jlove@camsociety.org](mailto:jlove@camsociety.org)

*Journal Ads & Tickets are not guaranteed without  
payment. All sales are final.*

### MAIL TO

CAMS  
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New York, NY 10038

If you have any questions please contact our  
office at: 212.334.4760 or email  
Jamie Love at [jlove@camsociety.org](mailto:jlove@camsociety.org)