Indian Medical Association of Northwest Indiana

c/o Venkat Vavilala, M.D. • P.O. Box 10965 • Merrillville, Indiana 46411
website: www.niima.org

Please fill out the following information regarding sponsorship and advertisement in the souvenir booklet for the 37th Annual Indian Medical Association Dinner and Cultural Program to be held on Saturday, October 6, 2018, at the Halls of St. George, Schererville, Indiana.

Name of Business/Organization _____

Contact Person _____

Contact Email _____ Contact Phone _____

Address _____ City _____ State _____ Zip _____

SPONSORSHIP (CHECK BOX)

TYPE	COST	INCLUDES
◯ DIAMOND SPONSOR	$21,000	2 Tables of 10, Full Color Center Spread Ad in Souvenir Book
◯ EMERALD SPONSOR	$13,000	2 Tables of 10, Full Color Back Cover Ad in Souvenir Book
◯ RUBY SPONSOR	$11,000	1 Table of 10, Full Color Inside Cover Ad in Souvenir Book
◯ SAPPHIRE SPONSOR	$8,000	1 Table of 10, Full Color Inside Back Cover Ad in Souvenir Book
◯ AQUAMARINE SPONSOR	$5,500	1 Table of 10, Gold Page Ad
◯ BAR SPONSOR	$4,500	6 Complimentary Tickets, Gold Page Ad
◯ TABLE WINE SPONSOR	$4,500	6 Complimentary Tickets, Gold Page Ad
◯ CENTERPIECE SPONSOR	$4,500	6 Complimentary Tickets, Gold Page Ad
◯ HORS D'OEUVRES SPONSOR	$3,500	6 Complimentary Tickets, Full Page Ad

Sponsorship Cost $_____

THE ABOVE SPONSORSHIPS INCLUDE A DIGITAL DISPLAY

ADVERTISING *(CHECK BOXES)*

TYPE *(CHOOSE ONE)*	COST
◯ Color Page ($4\frac{1}{2}$ x $7\frac{1}{2}$) (process color)	$1000
◯ Gold Page ($4\frac{1}{2}$ x $7\frac{1}{2}$) (B/W with gold border)	$800
◯ Full Page ($4\frac{1}{2}$ x $7\frac{1}{2}$) (B/W)	$400
◯ Half Page ($4\frac{1}{2}$ x $3\frac{3}{4}$) (B/W)	$250

***Artwork should be sent to:**
art@qualityimpressionsinc.com **OR** mail to IMA c/o P.O. Box 10965, Merrillville, IN 46411

File/Art Questions: 219-663-6700 (Judy/Megan)

ARTWORK IS DUE ON 9/17/18

ARTWORK *(CHOOSE ONE)*

◯ Advertising same as last year
◯ Changed from last year (Camera Ready or Electronic File)
◯ New Advertisement (Camera Ready or Electronic File)

Advertising Cost $_____

TICKET INFO (CHECK BOX)

◯ $100 per person Number of Tickets_____
◯ $900 (Table of 10)

Sponsorship $ _____
Advertising $ _____
Ticket Cost $ _____
Total Cost $ _____
We are enclosing our check in the amount of $ _____

Please make check payable to Indian Medical Association of NWI (tax payer ID 31-4130002) and mail to the above address. We would appreciate receiving this form as soon as possible but no later than September 17, 2018. If you have any questions regarding tickets, ads or table reservations please contact Katie Boyle at 219-617-5432, Dr. Ramesh Unni at 219-796-4889 or Dr. Venkat Vavilala at 219-614-4099.