

Hunterdon Medical Center Auxiliary's
2009 Crystal Ball
Bridgewater Marriott ~ Bridgewater, NJ
Saturday, November 14, 2009 ~ 7:00pm – Midnight

“La Dolce Vita”



Sponsorship Opportunities

“La Dolce Vita” Primo Sponsor Package ~ \$15,000

14 Tickets to the Crystal Ball
Recognition as “La Dolce Vita” Primo Sponsor on the invitation
The Inside Front Cover of the Event Program Journal in full color
A Hospitality Suite at the Bridgewater Marriott on the evening of the Crystal Ball
Recognition as “La Dolce Vita” Primo Sponsor on hospital TV, signage and on event night
Special Acknowledgment on event night
Your logo and special thank you on the HMC Foundation website and in newspaper event promotion

“Roma” Sponsor Package ~ \$10,000

10 Tickets to the Crystal Ball
The Outside Back Cover of the Event Program Journal in full color
Recognition as a “Roma” Sponsor on hospital TV, signage and on event night
Your logo and special thank you on the HMC Foundation website and in newspaper event promotion

“Venezia” Sponsor Package ~ \$7,500

8 Tickets to the Crystal Ball
Gold Border Full Page Ad in the Event Program Journal
Recognition as a “Venezia” Sponsor on hospital TV, signage and on event night
Your logo and special thank you on the HMC Foundation website and in newspaper event promotion

“Firenze” Sponsor Package ~ \$5,000

6 Tickets to the Crystal Ball
Recognition as a “Firenze” Sponsor on hospital TV, signage and on event night
Bronze Border Full Page Ad in the Event Program Journal
Your logo and special thank you on the HMC Foundation website and in newspaper event promotion

“Milano” Sponsor Package ~ \$3,000

4 Tickets to the Crystal Ball
Recognition as a “Milano” Sponsor on hospital TV, signage and on event night
Blue Border Full Page Ad in the Event Program Journal
Your logo and special thank you on the HMC Foundation website and in newspaper event promotion

Or Consider...

“Tavolo” Sponsor ~ Bring Your Guests & Fill a Table!

Guest Tickets to the Crystal Ball are \$250 each
Fill a table of 8, 10, or 12 – Your Choice!

Deadline for Electronic Format of Ad Copy: October 30th, 2009

Virtual Ad Size: 8" x 8"... *Your choice of full color or black & white*

Please submit electronic files (PDF, Illustrator, jpeg, Word, etc.) to coombs.kimberley@hunterdonhealthcare.org.

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Sponsorship Reply Form

Sponsor of the Event (Check one):

- "La Dolce Vita" Primo Sponsor \$15,000
 "Roma" Sponsor \$10,000
 "Venezia" Sponsor \$ 7,500
 "Firenze" Sponsor \$ 5,000
 "Milano" Sponsor \$ 3,000

Table / Guest Tickets

Reservation Name _____

Total Number of Guest Tickets _____

(Please return '**Guest / Table Reservation Reply Form**' with the names of your Sponsored Guests.)

Contact Name _____

Company Name _____

Business Address _____

Phone Number _____

E-Mail _____

If paying by check, please make payable to: Hunterdon Medical Center Foundation.

Send to: Hunterdon Medical Center Foundation

Attn: Kimberley Coombs

2100 Wescott Drive

Flemington, NJ 08822

If paying by credit card, please call the HMC Foundation office at 908-788-6141 or provide us with following information:

Credit Card Visa MC Amex Discover Credit Card # _____

Exp. Date _____ Amount _____ Signature _____

Please submit your electronic ad file to Kimberley Coombs, Annual Fund & Special Events Manager at coombs.kimberley@hunterdonhealthcare.org, **no later than October 30th**. Your reply form can be faxed to 908-788-6370. Please contact the Hunterdon Medical Center Foundation at 908-788-6141 with any questions.

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Advertising Reply Form

Advertiser in the Virtual Advertisement Journal (Check one)

<input type="checkbox"/>	“Limoncello” Gold Border Ad	\$2,000
<input type="checkbox"/>	“Sambuca” Bronze Border Ad	\$1,500
<input type="checkbox"/>	“Frangelica” Blue Border Ad	\$1,000
<input type="checkbox"/>	“Ameretto” White Border Ad	\$ 500

Deadline for Ad Copy: October 30th, 2009

Virtual Ad Size: 8” x 8” - Electronic ad copy in *your choice of color or in black and white.*

Please submit electronic files (PDF, Illustrator, jpeg, Word, etc.) to coombs.kimberley@hunterdonhealthcare.org.

Table / Guest Tickets

Reservation Name _____

Total Number of Guest Tickets _____

(Price per Guest ticket is \$250 if purchasing outside of a sponsorship. Please return ‘Guest / Table Reservation Reply Card’ with the names of your guests along with your reservation.)

Contact Name _____

Company Name _____

Business Address _____

Phone Number _____

E-Mail _____

If paying by check, please make payable to: Hunterdon Medical Center Foundation.

Send to: Hunterdon Medical Center Foundation

Attn: Kimberley Coombs

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Guest/’Table Reservation Reply Form

‘Tavolo’ Sponsor - Please reserve my table under the Name of _____

The Total Number of Guests I wish to Reserve at my Table is _____

Contact Name _____

Sponsoring Company Name (if applicable) _____

Contact’s Address _____

City, State ZIP _____

Phone Number _____

E-Mail _____

My Guests Attending the Crystal Ball are:

We look forward to seeing you on November 14th!