



PALM BEACH COUNTY MEDICAL SOCIETY AND SERVICES

21st Annual Heroes In Medicine Awards Luncheon

**JOIN PALM BEACH COUNTY MEDICAL SOCIETY AND SERVICES TO CELEBRATE ON
THURSDAY, MAY 23, 2024**

Proudly honoring people throughout Palm Beach County who use their skills and resources to provide outstanding services.

This year's awards luncheon will be celebrated at Benvenuto's Restaurant & Banquet Facility.

**PROCEEDS WILL BENEFIT PALM BEACH COUNTY
MEDICAL SOCIETY AND SERVICES PROGRAMS**

Please consider choosing one of the sponsorship or underwriting opportunities enclosed. If you have any questions, please contact Katherine Zuber at 561-433-3940, ext. 107 or KatherineZ@pbcms.org



*Thank you in advance for your support and
we hope to see you at the awards luncheon!*



PALM BEACH COUNTY MEDICAL SOCIETY AND SERVICES

21st ANNUAL HEROES IN MEDICINE AWARDS LUNCHEON

SPONSORSHIP

LEAD BENEFACTOR *(Limited To 1)* **\$10,000**

- Premier table: ten (10) seats
- Recognition on invitation, PBCMS website, MedLink, press releases, and on stage
- Opportunity to introduce a Hero on stage
- Full page ad in program
- Two (2) company promotions in MedLink (our weekly electronic newsletter)
- Thank you in MedLink following the event
- Program listing

LEAD SPONSOR *(Limited To 1)* **\$7,500**

- Premier table: ten (10) seats
- Recognition on invitation, PBCMS website, MedLink, press releases, and on stage
- Opportunity to acknowledge your company in a video (20 sec.) the day of the event
- Full page ad in program
- One (1) company promotion in MedLink (our weekly electronic newsletter)
- Thank you in MedLink following the event
- Program listing

BENEFACTOR SPONSOR *(Limited To 1)* **\$5,000**

- Six (6) seats
- Recognition on press releases and on stage
- Opportunity to acknowledge your company in a video (10 sec.) the day of the event
- Full page ad in program
- Thank you in MedLink following the event
- Program listing

PATRON SPONSOR *(Limited To 4)* **\$3,500**

- Four (4) seats
- Recognition on stage
- Half page ad in program
- Thank you in MedLink following the event
- Program listing

SPECIAL FRIEND SPONSOR *(Limited To 5)* **\$2,500**

- Two (2) seats
- Quarter page ad in program
- Thank you in MedLink following the event
- Program listing

UNDERWRITING

(Limited To 1 Each)

CENTERPIECE UNDERWRITER **\$3,500**

- Two (2) seats
- Recognition on stage
- Name and logo displayed at tables
- Thank you in MedLink following the event
- Program listing

STUDENT TRAILBLAZER SCHOLARSHIP **\$3,500**

- Two (2) seats
- Recognition on stage
- Opportunity to present the award
- Thank you in MedLink following the event
- Program listing

PROGRAM UNDERWRITER **\$1,500**

- Two (2) seats
- Full page ad in program
- Thank you in MedLink following the event
- Program listing

VALET UNDERWRITER **\$750**

- Two (2) seats
- Name and logo displayed at valet
- Thank you in MedLink following the event
- Program listing

OTHER WAYS TO SUPPORT

PROGRAM ADS

- Full Page (8" high x 5" wide) \$750
- 1/2 Page (4" high x 5" wide) \$500
- 1/4 Page (2" high x 5" wide) \$250
- Business Card \$100

RESERVATIONS

- Table of ten (10) **\$1,250**
- Individual **\$125**

* Listings in promotional materials, press releases and program are subject to publication deadlines.

Camera-ready, digital art for all program ads due no later than May 3, 2024.

**For more information call 561-433-3940 ext. 107
or email KatherineZ@pbcms.org**

Contributions benefit Palm Beach County Medical Society Services, Inc., a not-for-profit, tax-exempt organization.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES AT www.FloridaConsumerHelp.com OR BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Registration #CH12678.

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SPONSORSHIP COMMITMENT

Program final artwork must be submitted via email in color according to size. All commitments and advertisements must be received by May 3, 2024 to be included in the program.

CONTACT

Person: _____ Title: _____

Company (if applicable): _____

Phone: _____ Fax: _____

Email: _____

PAYMENT/SUBMISSION

Sponsorship Package _____ Total Amount \$ _____

Check paid to PBCMS Visa MC Amex

Cardholder's Name: _____

Address: _____

Card #: _____ Expiration Date: _____ CCV _____

Cardholder's Signature: _____

Payment must be received by May 3, 2024

RETURN TO

Palm Beach County Medical Society
Attn: Katherine Zuber
3540 Forest Hill Boulevard, Suite 101
West Palm Beach, FL 33406

QUESTIONS

Phone: 561.433.3940 Ext. 107
Fax: 561.433.2385
Email: KatherineZ@pbcms.org

