



TUESDAY, NOVEMBER 12,2024 | GOTHAM HALL, NYC
11:30 AM RECEPTION
12 Noon LUNCHEON AND AWARDS CEREMONY

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NAME		TITLE	
COMPANY			
ADDRESS (PLEASE INCLUDE FLOOR NUMBER OR SUITE NUMBER IF APPLICABLE)			
CITY STATE		ZIP CODE	
TELEPHONE EMAIL		CONTACT NAME	
PLEASE RESERVE:			
O DIAMOND SPONSOR \$	30,000	O BRONZE DONOR	\$7,750
Two Tables of Ten Each (20 Seats) in First Two Rows, On-Screen		Includes Seating for a Table of Ten and Bronze Listing in Dig	gital Journa
Congratulatory Ad in Heavy Rotation, Most Prominent Ad Positio Digital Journal, Diamond Sponsor Listing, Logo on Rotating Slide Posters at Event, Public Acknowledgment at Event.		O PATRON SEATS Please indicate number of Patron seats you wish to reserve:	1,275 ea.
O PLATINUM SPONSOR \$	25,000	O BENEFACTOR SEATS	\$775 ea.
Best Available Seating for a Table of Ten, On-Screen Congratulat High Rotation, Prominent Ad Position in Digital Journal, Platinum Listing, Logo on Rotating Slide and Posters at Event, Public Acknowledgment at Event.		Please indicate number of Benefactor seats you wish to reserve FULL-PAGE AD On-Screen & in Digital Journal	
O STAR SPONSOR	\$20,000	O HALF-PAGE AD	\$2,000
Premium Seating for a Table of Ten, On-Screen Congratulatory Ad in Semi-High Rotation, Ad in Digital Journal Positioned According to Tier, Star Sponsor Listing, Logo on Rotating Slide at Event, Public Acknowledgment at Event.		On-Screen & in Digital Journal I/WE CANNOT ATTEND BUT WISH TO CONTRIBUT \$	
	\$15,000		
Includes Priority Seating for a Table of Ten, On-Screen Congratulatory Ad, Ad in Digital Journal Positioned According to Tier, and Gold Listing.	ŕ	O Yes! I'd like to sign up for the email newsletters Library of American Broadcasting Foundation.	from the
○ SILVER DONOR	\$10,000	Ziotaly of time real 21 outcasting 1 outcaston.	
Includes Seating for a Table of Ten, On-Screen Congratulatory Ac Digital Journal Positioned According to Tier, and Silver Listing.	d, Ad in		
		lation is a 501(c)(3) charity, Federal Tax ID No. 13-2622843. 83 per ticket, is charitable.	
OPlease charge my OVisa OMasterCard OAmerican Express can	rd for the ar	amount of \$	
NAME ON CREDIT CARD CREDIT CARD	NUMBER	EXP. DATE & SECURITY CODE (BOTH REQ	UIRED)
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)			
O Please email me an invoice made out to me at the address listed at t	he top of th	his form.	

Mail form with check payable to Library of American Broadcasting Foundation c/o Jack Goodman, 6913 Maple Ave., Chevy Chase, MD 20815. For more information, email <u>bjcorriveau@giantsofbroadcasting.org</u> or call 571-220-3896.