



TICKETS & SPONSORSHIP OPPORTUNITIES

EVENT SPONSOR \$20,000 will support either anesthesia or operation costs for two patients' surgeries. Sponsor receives 2 VIP* tables of 10 and full color back cover of the event program.

DINNER SPONSOR \$15,000 will help support the Face To Face hotline for 2 years. Sponsor receives 2 VIP* tables of 10 and full color inside front cover of the event program.

COCKTAIL SPONSOR \$10,000 will support either anesthesia or operation costs for one patient's surgery. Sponsor receives 2 VIP* tables of 10 and full color inside back cover of the event program.

LEADERSHIP SPONSOR \$5,000 will help support the Face To Face hotline for 1 year. Sponsor receives 1 VIP* table of 10 and a gold event program page.

ENTERTAINMENT SPONSOR \$3,500 will support the facility fees for one patient. Sponsor receives 6 VIP* tickets and a silver event program page.

* Provides access to the VIP cocktail party with Dr. Jacono and honorees as well as priority seating for the evening.

DONOR SPONSORS

Gold Full Color Program Page and 2 VIP Tickets	\$2,500
Silver Full Color Program Page and 2 VIP Tickets	\$2,000
B & W Program Page and 2 Tickets	\$1,500

EVENT PROGRAM SPONSOR PAGES

Gold Full Color Page	\$2,000
Silver Full Color Page	\$1,500
B & W Full Page	\$1,000
B & W Half Page	\$700
B & W Quarter Page	\$500

SUBMISSION OPTIONS (DEADLINE IS OCTOBER 5, 2011)

LOGO ONLY: full color, either an Adobe Illustrator AI or EPS file or a 300 dpi PNG/TIF/GIF or JPG

ADS: 300 dpi. High-resolution PDF file is preferred. TIF, JPG, or EPS files are also accepted

Full Page

■ Live area: 5-1/2"w x 8-1/2"h

■ Bleed: add 1/8" all around (becomes 5-3/4"w x 8-1/2"h)

Half Page: live area: 4-1/2"w x 3-1/2"h

Quarter Page: live area: 2"w x 3-1/4"h

TICKETS

_____ Number of Tickets	at \$350 each	\$ _____ total
_____ Tables of 10 Tickets	at \$3,000 each	\$ _____ total
_____ Number of VIP Tickets	at \$500 each	\$ _____ total
_____ Tables of 10 VIP Tickets	at \$4,500 each	\$ _____ total

PLEASE EMAIL HIGH-RESOLUTION ARTWORK for the event program to elenagalluzzo@gmail.com by **October 5, 2011**

DEADLINES FOR PAYMENT Event Program Ads: **October 5, 2011** / Tickets: **October 15, 2011**

TO BUY your ticket or become a sponsor go to: WWW.BOOMSET.COM/APPS/EVENTPAGE/368

OR CHARGE MY Visa Master Card American Express

Account # _____ Exp. _____ / _____ Security Code _____

Signature _____

Name _____ Title _____ Company _____

Address _____ City _____ State _____ Zip _____

OR MAKE CHECKS PAYABLE TO: ABOUT FACE 2011

RETURN TO: New York Center for Facial Plastic & Laser Surgery
ATTN: Elena Galluzzo, ABOUT FACE Committee
440 Northern Blvd., Great Neck, NY 11021
Phone (516) 773-2424

FOR MORE INFORMATION GO TO: WWW.ABOUTFACE2011.COM



**TICKETS & SPONSORSHIP OPPORTUNITIES
 DONATION FORM**

Date:		Name of Donor:			
Company Name:			Company Contact Name:		
Phone Number:		Fax Number:		Email:	
Company Address:			City:	State:	Zip Code:
Item Description (120 words):					
Item Retail Value:					
Comments: (i.e., pick-ups, delivery info, display instructions, winner instructions)					

Kindly return this form with the item(s) and guest list before October 5, 2011 to guarantee inclusion in the event program's auction listings.

SHIP TO:

New York Center for Facial Plastic & Laser Surgery
 ATTN: Elena Galluzzo, ABOUT FACE Committee
 440 Northern Blvd.
 Great Neck, NY 11021

OR EMAIL DONATION AND GUEST LIST FORM TO ELENAGALLUZZO@GMAIL.COM BY OCTOBER 5, 2011

For further questions call Renatt Brodsky at (917) 756-4235 or e-mail Renatt.Brodsky@gmail.com.

FOR OFFICE USE ONLY BELOW THIS LINE

Auctioned Value:		Sold Price:		Sold To:	
Send Letter To:					
Sent: YES or NO					