

RESERVATION AND CANCELLATION POLICY

Once you have submitted your registration, any changes must be made IN WRITING. You will remain obligated for the full value of any tables/seats, advertising or donation cancelled or reduced after Wednesday, October 23, 2019.

ADVERTISING SPECIFICATIONS AND DEADLINE

Digital requirements: EPS, TIF or high resolution PDF file with all fonts and images embedded. Minimum 300 d.p.i. All ads print 4/color. Full page ads are 5-1/2" wide x 8-1/2" tall, with half-inch borders superimposed by the printer. Live/Print area of a full page is: 4-1/4" wide x 7" tall. Live/Print area of a half page is: 4-1/4" wide x 3-1/4" tall.

All ad files should be emailed to:
ProjectHelpUsGive@frontier.com



DEADLINE FOR AD SUBMISSION IS
WEDNESDAY, OCTOBER 23, 2019

2019 HUG AWARD GALA R S V P

WEDNESDAY, NOVEMBER 6, 2019



SPONSORED BY:
PROJECT HELP US GIVE, INC.

2019 HUG AWARD GALA

SPONSORSHIPS

GRAND HUG - \$25,000

INCLUDES: Premium table of ten; Journal cover or premium ad page; VIP photo op; and a donation of \$15,000 dedicated to your chosen pediatric fund* (see check-off below.)

PAPA HUG - \$15,000

INCLUDES: Premium table of ten; Journal gold ad page; VIP photo op; and a donation of \$5,000 dedicated to your chosen pediatric fund* (see check-off below.)

MAMA HUG - \$11,000

INCLUDES: Prime table of ten; Journal silver ad page; VIP photo op; and a donation of \$1,000 dedicated to your chosen pediatric fund* (see check-off below.)

BABY HUG - \$6,000

INCLUDES: Prime table of ten, Journal ad page; and a donation of \$500 dedicated to your chosen pediatric fund* (see check-off below.)

DEDICATED RUSK Pediatric Funds*:

- _____ RUSK Pediatric Equipment Fund
- _____ RUSK Pediatric Research Fund
- _____ RUSK Pediatric Child Life Program

* If no choice is made by the contributor, the committee will choose.

_____ INDIVIDUAL SEAT(S) @ \$600 each

JOURNAL ADS

PREMIUM PAGE	\$10,000		
GOLD PAGE	\$5,000	WHITE PAGE	\$2,000
SILVER PAGE	\$3,000	HALF PAGE	\$1,000

DONATIONS

I wish to make a donation of \$_____ (All contributions will be noted in the Journal.)

PAYMENT DETAILS



I/WE COMMIT TO: \$_____

FOR _____

CONTACT NAME _____

FIRM _____

ADDRESS _____

TEL. _____

FAX _____

EMAIL _____

We accept payment by check, wire transfer, or PayPal/credit card (through our website: WWW.PROJECT-HELPUSGIVE.ORG.)

If paying by check, please make payable and mail to:
PROJECT HELP US GIVE, INC.,
326 Field Road, Clinton Corners, NY 12514.

For more information, email:
PROJECTHELPUSGIVE@FRONTIER.COM | phone: 845.758.5752.