

# Southside Hospital's FOOD & WINE EXPERIENCE

Honoring

Bob Venero & Barry E. Goldberg, MD

Thursday,  
November 14, 2019  
at 6pm

The LakeHouse  
135 Maple Avenue  
Bay Shore, NY 11706

## Sponsorship Opportunities

### Epicurean | \$50,000

- Entrance for 25 to Food & Wine Experience
- VIP reserved seating available
- Includes a full-color ad in the virtual journal that evening and inside front cover ad in the event program book
- Company logo listed on event website with link to your website
- Pop up banner featuring your name or company name/logo
- Prominent signage at event with your name or company name/logo projected in lights.
- Recognition in event program book

### Dessert | \$25,000

- Entrance for 20 to Food & Wine Experience
- VIP reserved seating available
- Includes a full-color ad in the virtual journal that evening and a gold page ad in the event program book
- Your name or company name listed on event website
- Pop up banner featuring your name or company name/logo
- Prominent signage as Dessert Sponsor highlighted in dining room
- Recognition in event program book

### Entree | \$10,000

- Entrance for 12 to Food & Wine Experience
- Includes a full-color ad in the virtual journal that evening and a silver page ad in the event program book
- Prominent signage as Entree Sponsor highlighted in bar area.
- Recognition in event program book

### Appetizer | \$7,000

- Entrance for 10 to Food & Wine Experience
- Includes a full-color ad in the virtual journal that evening and a full-page ad in the event program book
- Recognition in event program book

### Amuse Bouche | \$5,000

- Entrance for eight to Food & Wine Experience
- Includes an ad in the virtual journal that evening and a half-page ad in the event program book
- Recognition in event program book

### Aperitif | \$3,000

- Entrance for four to Food & Wine Experience
- Includes an ad in the virtual journal that evening
- Recognition in event program book

### Individual Ticket | \$500

- Entrance for one to Food & Wine Experience

## Virtual Journal & Program Book Ads

### Back Cover of Program Book | \$10,000

**SOLD OUT**

- Includes a full-color ad in the virtual journal that evening and a back cover ad in the program book

### Inside Back Cover of Program Book | \$7,500

\*One available

- Includes a full-color ad in the virtual journal that evening and an inside back cover ad in the event program book

### Gold | \$5,000

- Includes a full-color ad in the virtual journal that evening and a gold page ad in the event program book

### Silver | \$2,500

- Includes an ad in the virtual journal that evening and a silver page ad in the event program book

### Full Page Ad | \$1,000

- Includes an ad in the virtual journal that evening and a full-page ad in the event program book

### Half Page Ad | \$500

- Includes a half-page ad in the event program book

Aperitif Sponsors and above will be listed on invitation if received by October 1, 2019.

# Southside Hospital's FOOD & WINE EXPERIENCE

## Sponsorship Opportunities

- ☐ Epicurean \$50,000
- ☐ Dessert \$25,000
- ☐ Entree \$10,000
- ☐ Appetizer \$7,000
- ☐ Amuse Bouche \$5,000
- ☐ Aperitif \$3,000
- ☐ Individual Ticket(s) \$500  
x \_\_\_\_\_

## Virtual Journal & Program Book Ads

- ☐ Back Cover  
of Program Book ~~\$10,000~~  
SOLD OUT
- ☐ Inside Back Cover  
of Program Book \$7,500  
\*One available
- ☐ Gold \$5,000
- ☐ Silver \$2,500
- ☐ Full Page Ad \$1,000
- ☐ Half Page Ad \$500

### Journal Ad Copy

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## Payment Information

To purchase a sponsorship or tickets online, please visit  
[give.northwell.edu/SouthsideFoodandWine](http://give.northwell.edu/SouthsideFoodandWine)

Name \_\_\_\_\_

Company name (exactly as it will appear in all materials) \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Total amount \$ \_\_\_\_\_

Credit card: ☐ Amex ☐ MasterCard ☐ Visa ☐ Discover

Account number \_\_\_\_\_

Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

CVV \_\_\_\_\_

☐ I have enclosed a check payable to Southside Hospital/  
Northwell Health Foundation in the amount of \$ \_\_\_\_\_.

☐ I am an employee of Northwell Health.

Please mail completed form to:

Southside Hospital, Northwell Health Foundation  
2000 Marcus Avenue, New Hyde Park, NY 11042

For more information, please call Karen Blank at  
(631) 396-6784 or email [kblank@northwell.edu](mailto:kblank@northwell.edu)



**Southside Hospital**  
Northwell Health®