



HEROES IN MEDICINE CELEBRATION

THURSDAY, MAY 25, 2023

Benvenuto's, Boynton Beach • 11:00AM - 2:00PM

I N V I T A T I O N T O S P O N S O R

Join Palm Beach County Medical Society Services to celebrate the
**20th ANNUAL HEROES IN MEDICINE ON
THURSDAY, MAY 25, 2023**

As we honor our 2023 Heroes in Medicine, we would be honored if you would participate as a sponsor. This year's celebration will be in person at Benvenuto's, Boynton Beach

PROCEEDS WILL BENEFIT PBCMS SERVICES PROGRAMS:

- ✦ **PROJECT ACCESS**, a physician led system of volunteer care for low-income residents.
- ✦ **DISASTER SERVICES**, including the Healthcare Emergency Response Coalition (HERC) which develops healthcare emergency preparedness and the Medical Reserve Corps (MRC) which organizes and utilizes volunteers to respond to disasters.
- ✦ **MEDICAL EDUCATION** supports medical students, future physicians, health care leaders, and CHW Care Coordination Training.
- ✦ **PHYSICIAN WELLNESS** Initiative provides physicians resources to help address their wellness.

Physicians, health care professionals, business and community leaders, and others enjoy the festivities, and this year will be no different.

Please consider choosing one of the sponsorship or underwriting opportunities enclosed.

If you have any questions, please contact

KATHERINE ZUBER

561-433-3940, ext. 106 or KatherineZ@pbcms.org

Thank you in advance for your support and we hope to see you at the event!

Join Palm Beach County Medical Society Services
in honoring extraordinary men and women at the
20th ANNUAL HEROES IN MEDICINE
ON THURSDAY, MAY 25, 2023
BENVENUTO'S, BOYNTON BEACH

All sponsors received before the print deadline of Friday, May 5, 2023 will be acknowledged in the program.

SPONSORSHIP

LEAD BENEFACTOR (LIMITED TO 1) \$15,000

- 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
- 500 Word Profile and Full-Page Ad in OnCall
- Program Listing

LEAD SPONSOR (LIMITED TO 2) \$10,000

- 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
- 250 Word Profile and Full-Page Ad in OnCall
- Program Listing

BENEFACTOR SPONSOR (LIMITED TO 3) \$7,000

- 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
- 100 Word Profile and Half-Page Ad in OnCall
- Program Listing

PATRON SPONSOR (LIMITED TO 4) \$5,000

- Four (4) Seats
- Recognition on Stage
- Half Page Ad in Program
- Half Page Ad in OnCall
- Program Listing

SPECIAL FRIEND SPONSOR (LIMITED TO 5) \$2,500

- Two (2) Seats
- Quarter Page Ad in Program
- Quarter Page Ad in OnCall
- Program Listing

UNDERWRITING

(Limited to 1 Each)

CENTERPIECE UNDERWRITER \$3,500

- Six (6) Seats
- Half Page Ad in Program
- Name or logo displayed at tables
- Program Listing

PROGRAM UNDERWRITER \$1,500

- Two (2) Seats
- Full Page Ad in Program
- Program Listing

VALET UNDERWRITER \$750

- Two (2) Seats
- Name or logo displayed at valet
- 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 10 \$1,250
- Individual \$125

Please Contact Katherine Zuber
at KatherineZ@pbcms.org or
561-433-3940 Ext. 106.
Or visit our website at www.pbcms.org/

SPONSOR COMMITMENT

20th ANNUAL HEROES IN MEDICINE THURSDAY, MAY 25, 2023



All Commitments and Advertisements must
be received by Friday, May 5, 2023

CONTACT INFORMATION

Contact Person: _____ Title: _____

Company (if applicable): _____

Phone: _____ Fax: _____

Address: _____

Street

City

State

Zip

Gift Mailing Address (if different from above): _____

Street

City

State

Zip

Email: _____

PAYMENT/SUBMISSION

Sponsorship Package _____ Total Amount \$ _____

Invoice Me Check paid to PBCMS Visa MC Amex

Card #: _____ Expiration Date: _____ CV Code _____

Card Holder's Name: _____

Card Holder's Signature: _____

RETURN TO

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

QUESTIONS

Phone: 561.433.3940 Ext. 106
Fax: 561.433.2385
Email: KatherineZ@pbcms.org

