



*100th Anniversary of Poland regaining Independence
Ticket Form and Advertising Contract*



<p align="center">Independence Gala Banquet <i>University Club of Chicago</i></p> <p>Friday, September 21, 2018</p> <p>Tickets: \$250/person</p> <p>Number of Tickets: _____ x \$250</p> <p>Total \$: _____</p>	<p align="center">Symposium <i>Museum of Surgical Science</i></p> <p>Saturday, September 22, 2018</p> <p>Tickets: Complimentary</p> <p>Number of Tickets: _____</p>	<p align="center">Navy Pier Dinner Cruise <i>Spirit Cruises</i></p> <p>Saturday, September 22, 2018</p> <p>Tickets: \$175/person</p> <p>Number of Tickets: _____ x \$175</p> <p>Total \$: _____</p>
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Gala Seating Preferences- please indicate with whom you would prefer to share a table:

Advertisement Options for Gala/Symposium/Cruise Program Book

- | | | |
|--|---|--|
| <input type="checkbox"/> Back Cover (8"x10") - \$2,500 | <input type="checkbox"/> Full Page (8"x10") - \$500 | <input type="checkbox"/> Business Card (1.5"x3") - \$150 |
| <input type="checkbox"/> Inside Front Cover (8"x10") - \$2,000 | <input type="checkbox"/> Half Page (4"x5") - \$300 | <input type="checkbox"/> 1 Line Greeting/Logo - \$100 |
| <input type="checkbox"/> Inside Back Cover (8"x10") - \$1,500 | <input type="checkbox"/> Quarter Page (2"x2.5") - \$200 | <input type="checkbox"/> Donation - \$_____ |

Total (including Gala, Symposium, Dinner Cruise tickets, advertising, and donations): \$ _____

Please email ads in PDF, JPG, or TIF formats to **PAMSocietychicago@gmail.com** with a copy to **konrad@graphica.us**. If you do not have an ad, please provide a sample greeting with your business card and we will be happy to design an ad for you. We can also use ads from previous PAMS campaigns that you have supported.

Name of Company/Organization: _____

Contact Person: _____

Address: _____

Telephone Number: _____ Email address: _____

Credit card payments for tickets and advertisements can be made on our website **www.zlpchicago.org**.

Alternatively, please *email* (PAMSocietychicago@gmail.com), *mail* (PAMS, Dr. Marek Rudnicki; 3000 N. Halsted, Suite 603; Chicago, IL 60657), or *fax* (773-327-1718) this form and submit your payment by **August 31, 2018**.

Visa: _____ Mastercard: _____ AmEx: _____ Name on Credit Card: _____

Card Number: _____ Billing Zip Code: _____ Exp Date: _____

*For the amount \$ _____ Signature: _____

*Please add 3% credit card processing fee

Please make checks payable to **PAMS**. If you have any questions, please contact Bianka (PAMS/Dr. Rudnicki's office) at 773-296-3838 or email rudnicki@gmail.com. Thank you for your support!
The Polish American Medical Society is a 501(c)(3) not-for-profit organization and donations are tax deductible to the extent permitted by law.