



# 2022 Polish American Medical Society Physicians' Ball

## Ticket Form and Donation Form

**First and Last Name:**

**Email :**  **Phone:**

**Street Address :**

**City :**  **State :**

**Zip:**  **Country :**

**Number of tickets:**  **Discounted Student Tickets:**

\$375 per person or  
\$4500 for table of 12

\$200 per person limited  
availability

**Sitting Preferences:**  
Please indicate with whom you would prefer to share a table

**Meal Preferences:**  
Please indicate if you would like to have a steak or fish dinner. If purchasing more than one seat, please indicate meals for each person.

### Advertising Rates:

The Abstract and Program Advertisements Can Help Your Business. Please be sure to include clean artwork when possible. If you don't have artwork, write down your greeting card and attach a business card. We will do the ad for you. Camera ready art also can be emailed in PDF or TIF format once payment has been arranged. We can also use your ads from previous PAMS campaigns that you have generously supported.

- Back Cover 7.25(w) x 9.7(h) - \$2,500
- Inner Cover pages 7.25(w) x 9.7(h) - \$2,000
- Full Page 7.25(w) x 9.7(h) - \$500
- Half Page 7.25(w) x 4.75(h) - \$300
- 1/4 Page 3.5(w) x 4.75(h) - \$200

### Advertisement Media

Email your files in jpg or pdf formats to:  
PAMS@zlpchicago.org

**Make a Donation: \***

Please enter value in whole dollars

**Name of Company or Business to be Advertised \***

Payments are due by January 30th, 2022.

**Please mail check to:**  
**Polish American Medical Society**  
**1450 W. Lake Street, Suite 101, Addison, IL 60101**