



*MEDICAL SOCIETY OF THE COUNTY OF KINGS, INC.,
and*

THE ACADEMY OF MEDICINE OF BROOKLYN

Cordially invite you to attend

Doctors' Recognition Day

Honoring

Brooklyn Best Doctors

on

Tuesday, June 19, 2018

*Please join us in celebration, along with the physician community,
hospital leadership and elected officials at:*

Bay Ridge Manor

476 76th Street, Brooklyn, NY 11209

Between 4th and 5th Avenues

(718) 748-8855

Valet Parking Provided / Subway: R Train to 77th Street Station

Members: \$100.00

Non-Members: \$125.00

Resident's & Medical Students: \$35.00

Table of 10: \$1,000.00

Cocktail Reception & Expo: 6:00 p.m.

Dinner and Awards Program: 7:00 p.m. – 10:00p.m.

See Registration form for Exhibitor and Journal Ad Rates

(Cancellations not received by 6/14/18 will be billed the full amount)

Please R.S.V.P. by Thursday, June 14, 2018

Academy of Medicine of Brooklyn

480 77th Street, Brooklyn, New York 11209

(718) 745-5800 x12, Liz Harrison / (718) 745-5833 Fax

Executive Committee Chairs:

Lee E. Loewinger, MD and Pardha S. Valluru, MD

2018 DOCTOR'S RECOGNITION DAY

Registration Form (R.S.V.P. by Wednesday, June 14, 2018)

DATE: Tuesday, June 19, 2018
PLACE: Bay Ridge Manor, 476 76th Street, Brooklyn, NY 11209

Participant Information *(Please Print)*


First Name _____ Last Name _____
Company/Affiliation _____
Title _____
Address _____ Email: _____
City _____ State _____ Zip _____
Phone _____ Mobile Number _____

Dinner Tickets: \$100 members / \$125 non-members / \$35 Residents/Students / \$1,000 Tables of 10

**Please make check payable to the
ACADEMY OF MEDICINE OF BROOKLYN
and mail to 480 77th Street, Brooklyn, NY 11209
Phone: (718) 745-5800 / Fax: (718) 745-5833**

NAMES OF GUESTS (Print or Type)

.....
.....
.....
.....
.....

 Please inform us of any special needs: (i.e., physical, dietary):

I would like to request number of Kosher dinners

For Kosher Requests Only: Meat, Chicken, Fish, Vegetarian

Journal Advertising Rates / Size 7" x 10"

Ads **MUST** be received by Friday, June 11th via email in MS Word, jpeg or pdf format to
Liz@msck.org

Vendor Table Display

**\$1,500 (includes 2 dinner tickets)
(\$2,400 if exhibited at a previous event in 2018)**

Please indicate size

Rates

..... Outside Back Cover	\$1,000
..... Inside Covers - Front or Back	\$750
..... Full Page: Gold	\$500
..... Full Page: Color	\$400
..... Full Page: Black & White	\$300
..... Half Page	\$200
..... Quarter Page	\$100

Enclosed is a check in the amount of \$.....for the exhibitor table, advertisement and/or dinner reservations (see attached to make payment by credit card).



**ACADEMY OF MEDICINE OF BROOKLYN
MEDICAL SOCIETY OF THE COUNTY OF KINGS, INC.**

480 77TH STREET, BROOKLYN, NEW YORK 11209

PH: (718) 745-5800 • FAX: (718) 745-5833 • EMAIL: LIZ@MSCK.ORG

VISIT US ON THE WEB AT WWW.MSCK.ORG

Credit Card Transaction Form



Enter the Information for this transaction. Note that all fields with an asterisk (*) are required.

2018 Doctors' Recognition Day

Account Number:
Expiration Date(MMY): *
Amount: *
CVC2: *
Description:

Billing Address

Company:
First Name:
Last name:
Address 1: *
Address 2:
City:
State/Province:
Zip Code: *
Country: *
Phone:
Email Address: (necessary for receipt)

Please type or handwrite and return the completed form to Liz Harrison at Liz@msck.org or via fax at 718-745-5833. **Make checks payable to The Academy of Medicine of Brooklyn.**
Any questions, please call 718-745-5800 x 12.