

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

and

THE RICHMOND COUNTY MEDICAL SOCIETY

Cordially invite you to attend

Doctor's Recognition Day

Honoring

Brooklyn and Staten Island's Best Doctors

on

Wednesday, March 29, 2017

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

Gargiulo's Restaurant (Coney Island)
2911 West 15th Street, Brooklyn, NY 11211
Between Mermaid Avenue and Surf Avenue
(718) 266-4891

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 3/26/17 will be billed the full amount)

Please R.S.V.P. by Wednesday, March 22, 2017
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:

Travis E. Meyer, MD and Deborah Aanonsen, DO

2017 DOCTOR'S RECOGNITION DAY

Registration Form

(R.S.V.P. by Wednesday, March 22, 2017)

DATE: Wednesday, March 29, 2017

PLACE: Gargiulo's Restaurant of Coney Island, 2911 West 15th Street, Brooklyn, NY 11224

Participant Information (Please Print)

First Name _____ Last Name _____

Company/Affiliation _____

Title _____

Address _____ Address 2 _____

City _____ State _____ Zip _____

Phone _____ Mobile Number _____ Fax _____

Email address _____

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)


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

I would like to request number of Kosher dinners

For Kosher Only: Meat, Chicken, Fish, Vegetarian

Journal Advertising Rates / Size 7" x 10"

Vendor Table Display **\$1,600 (includes 2 dinner tickets)**

<u>Please indicate size</u>	<u>Rates</u>
..... 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 ad space and/or dinner reservations (see attached to make payment by credit card.

PLEASE ENCLOSE ADVERTISING COPY WITH YOUR CHECK OR EMAIL AD TO LIZ@MSCK.ORG



**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.

2017 Doctors' Recognition Day

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

Billing Address

Company:
First Name:
Last name:
Address1: *
Address2:
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.