

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

Cordially invite you to attend
The President's Dinner

Honoring
Travis E. Meyer, M.D. and
Donald E. Moore, M.D., M.P.H.

Saturday the 16th of September, Two-Thousand Seventeen
The Montauk Club
25 8th Avenue, Brooklyn, NY 11217
Ultra Car Park System, 401 Flatbush Avenue

Members: \$135.00	Cocktail Reception & Expo: 6:00 p.m.
Non-Members: \$150.00	Dinner: 7:00 p.m.
Table of 10: \$1,350.00	Business Attire (Black Tie Optional)
Residents and Medical Students: \$40.00	

(Cancellations not received by 9/12/17 will be billed the full amount)

Please R.S.V.P. by Friday, September 8, 2017

Dinner Committee

Academy of Medicine of Brooklyn

480 77th Street, Brooklyn, New York 11209

Liz Harrison at Liz@msck.org

Phone: (718) 745-5800 x12 / Fax: (718) 745-5833

Executive Dinner Committee Co-Chairs:

Hillary Fairbrother, M.D., Lee E. Loewinger, M.D.

2017 President's Dinner Dance

Registration Form
(R.S.V.P. by September 8, 2017)

Participant Information (Please Print)

First Name _____ Last Name _____
Company/Affiliation _____
Title _____ Email _____
Address _____ Address 2 _____
City _____ State _____ Zip _____
Phone _____ Mobile _____ Fax _____

Dinner Tickets: \$135 members / \$150 non-members / \$40 Residents/Students / \$1,350 Table 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: Please indicate preference: Meat, Chicken, Fish, Vegetarian

Journal Advertising

(Ads must be received by Friday, September 8th)

Vendor Table Display

\$1600 (includes 2 dinner tickets)

\$1400 (Dinner not included/Reception only)

Please indicate size

..... Outside Back Cover
..... Inside Covers - Front or Back
..... Full Page: Gold
..... Full Page: Color
..... Full Page: Black & White
..... Half Page: Black and White
..... Quarter Page: Black and White

Rates

\$1000
\$750
\$500
\$400
\$300
\$200
\$100

Journal Ad Information

Journal Size: 7" 10"
Required Format: pdf, jpeg or MS Word
Full Page: W: 7" x H: 10"
Half Page: W: 7" x H: 5"
Quarter Page: W: 3.5" x H: 2.5"

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 EMAIL JOURNAL 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.
Not that all fields with an asterisk (*) are required.

Account Number:* _____
Expiration Date (MMYY):* _____
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.