



MEDICAL SOCIETY OF THE COUNTY OF KINGS, INC.
ACADEMY OF MEDICINE OF BROOKLYN
ANNUAL STATED MEETING



Wednesday, MAY 8, 2019

6:00 PM *Registration, Vendor Booths and Reception*

7:00 PM *Welcome: Lee E. Loewinger, Immediate Past President*

Inaugural Address: Pardha S. Valluru, MD - MSCK's 171th President

Guest Speaker

- Mitchell Katz, M.D., President and Chief Executive Officer of NYC Health + Hospitals of New York
- Presentation Topic: The Importance of Municipal Health Systems in Diversified New York City

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PRESENTATION OF 2019 FIFTY-YEAR CITATIONS

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Sirico's Caterers

8023 13th Avenue, Brooklyn, New York 11228

Complimentary parking lot and valet provided

PLEASE FILL OUT AND RETURN THE RESERVATION FORM NO LATER THAN WEDNESDAY, MAY 3, 2019

RSVP via fax to (718) 745-5833, email Liz@msck.org or mail to:

Academy of Medicine of Brooklyn

I will attend – Member (no charge)

480 77th Street, Brooklyn, NY 11209

My guest will also attend @ \$100

Business Attire

Non-member students and residents @ \$45

I will not Attend

I would like to purchase exhibit table display + 2 dinner tickets \$1500

(discount offered of \$1,000 to sponsor a second event in 2019)

Name (Please Print)

Address City, State, Zip

Telephone

Email

Name of Guest (Attach Separate Page for Additional Guests)

Please indicate any special needs you may have (i.e., physical, dietary, etc.)

RSVP to or for additional information, contact Liz Harrison at (718) 745-5800, by email at Liz@msck.org or fax to (718-745-5833

For non-members: Please make checks payable to the Academy of Medicine of Brooklyn. Credit card form is attached

**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.

2019 ANNUAL STATED MEETING

Account Number:

Expiration Date(MMY):

 *

Amount:

 *

CVC2:

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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@mस्क.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.