



Hackensack Meridian  
Bayshore Medical Center  
Foundation

OKTOBERFEST  
THURSDAY, OCTOBER 19, 2023  
6:30 p.m. - 10:30 p.m.

## Sponsorship Opportunities

### \_\_\_\_ PREMIER EVENT SPONSOR \$25,000

Reserved seating for 20 guests, logo featured on website and premier placement in virtual ad journal, verbal recognition in speaking remarks, premier event signage throughout space and inclusion in all press releases

### \_\_\_\_ CELEBRATION SPONSOR \$20,000

Reserved seating for 15 guests, logo featured on website and virtual ad journal, verbal recognition in speaking remarks, prominent signage and recognition at dinner stations and bar and inclusion in all press releases

### \_\_\_\_ ENTERTAINMENT SPONSOR \$10,000

10 tickets, full-page ad in the virtual ad journal, prominent signage and recognition near entertainment, event signage and recognition

### \_\_\_\_ DECOR SPONSOR \$7,500

6 tickets, full-page ad in the virtual ad journal, signage and recognition

### \_\_\_\_ VALET SPONSOR \$5,000

4 tickets, full-page ad virtual ad journal, signage at valet entrance and recognition

### \_\_\_\_ PARTNER SPONSOR \$3,000

2 tickets, half-page ad in virtual ad journal and signage

### VIRTUAL JOURNAL ADVERTISING

Advertisements will be featured on multiple screens throughout the evening.

\_\_\_\_ \$1,000 Full-Page Ad

\_\_\_\_ \$500 Half-Page Ad

Ad copy is due by Monday, October 9 and can be sent to [meagan.oflaherty@hmn.org](mailto:meagan.oflaherty@hmn.org) in a PowerPoint or Google Slides file.

### RESERVATIONS

\_\_\_\_ \$350 Individual ticket

\_\_\_\_ Sponsor a team member or nurse to attend for \$350 per person

\_\_\_\_ I cannot attend but wish to contribute \$\_\_\_\_\_

Visit [GiveHMH.org/BMCOktoberfest](http://GiveHMH.org/BMCOktoberfest) to register online.

\_\_\_\_\_  
Name/Company

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_ Sponsorship \$ \_\_\_\_\_

\_\_\_\_ Virtual Journal \$ \_\_\_\_\_

\_\_\_\_ Reservations \$ \_\_\_\_\_

\_\_\_\_ I cannot attend, but please accept my fully deductible donation of: \$ \_\_\_\_\_

TOTAL PARTICIPATION: \$ \_\_\_\_\_

Payment Enclosed \_\_\_\_\_ Invoice \_\_\_\_\_ Charge to (below) \_\_\_\_\_

Credit Card Type: \_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ Amex \_\_\_\_ Discover

\_\_\_\_\_  
Signature required for invoicing or to process credit card charges

\_\_\_\_\_  
Credit card # Exp. Date Security Code

Please complete and return this form to Bayshore Medical Center Foundation at 343 Thornall Street, 7th Floor, Edison, NJ 08837.  
For more information, please contact Meagan O'Flaherty, manager, Strategic Events, at 848-275-1361 or [strategicevents@hmn.org](mailto:strategicevents@hmn.org).  
Please contact us at 848-275-1361 or [FoundationOptOut@hmn.org](mailto:FoundationOptOut@hmn.org) if you wish to have your name removed from the list to receive fundraising requests supporting Bayshore Medical Center Foundation in the future.

Tax ID# 22-2367109

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