



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 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 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.

Please contact us at 848-275-1361 or 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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