

Ticket Reservation

Enjoy a beautiful and entertaining event to benefit the
Varadi Ovarian Initiative for Cancer Education and the Mount Sinai School of Medicine
\$300 per person – \$3000 per table of 10

Please make the following reservations for THE HOPE FOR ACHIEVEMENT DINNER

Reservation Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

We wish to be seated with: _____

Kindly RSVP by September 12th, 2016

Unfortunately, I am unable to attend, but enclosed is my donation of \$ _____

Checks payable to:

VOICE

Mail to:

Chick Rudy - Dr. Peter Dottino

VOICE Mount Sinai Hospital

4 Country Club Drive

Purchase, NY 10577

PLEASE READ OTHER SIDE

Journal Ad Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

E-Mail: _____

All copy must be mailed by: September 12th, 2016

Inside Front Cover _____	\$10,000	Name recognition & 10 Dinner Tickets
Inside Back Cover _____	\$10,000	Name recognition & 10 Dinner Tickets
Platinum Page _____	\$5,000	Premier Seating and 8 Dinner Tickets
Silver Page _____	\$2,500	4 Dinner Tickets
Bronze Page _____	\$1,500	2 Dinner Tickets
Full White Page _____	\$1,000	
Half Page _____	\$500	
Quarter Page _____	\$200	
Business Card _____	\$100	

Will you be using your tickets _____ Yes _____ No

Checks payable to:

Mail to:

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