THE 19TH ANNUAL
GIANTS OF
BROADCASTING
AND ELECTRONIC ARTS

TUESDAY, NOVEMBER 15, 2022 | GOTHAM HALL, NYC
11:30 AM RECEPTION
12 Noon LUNCHEON AND AWARDS CEREMONY

NAME	TITLE

COMPANY

ADDRESS (PLEASE INCLUDE FLOOR NUMBER OR SUITE NUMBER IF APPLICABLE)

CITY	STATE	ZIP CODE

TELEPHONE	EMAIL	CONTACT NAME

Please Reserve:

DIAMOND SPONSOR	$30,000
Two Tables of Ten Each (20 Seats) in First Two Rows, Back Cover, Inside Front Cover, or Spread in Program Journal (first come, first choice), Diamond Sponsor Listing, Corporate Sponsor Logo on all Printed Materials, Logo on Banner Ads, Logo on Rotating Slide and Posters at Event, Public Acknowledgment at Event

PLATINUM SPONSOR	$25,000
Best Available Seating for a Table of Ten, Full-Page Program Journal Ad (premium position), Platinum Sponsor Listing, Logo on Banner Ads (sized within sponsorship tier), Logo on Rotating Slide and Posters at Event, Public Acknowledgment at Event

STAR SPONSOR	$20,000
Premium Seating for a Table of Ten, Full-Page Program Journal Ad (premium position within tier), Star Sponsor Listing, Logo on Rotating Slide at Event, Public Acknowledgment at Event

GOLD TABLE	$15,000
Includes Priority Seating for a Table of Ten, Full-Page Program Journal Ad and Gold Listing

SILVER TABLE	$10,000
Includes Seating for a Table of Ten, Full-Page Program Journal Ad and Silver Listing

BRONZE TABLE	$7,750
Includes Seating for a Table of Ten and Bronze Listing in Program Journal

PATRON TICKETS	$1,275 ea.
Please indicate number of Patron tickets you wish to reserve: ______

BENEFACTOR TICKETS	$775 ea.
Please indicate number of Benefactor tickets you wish to reserve: ______

Program Journal Advertising*

FULL-PAGE AD	$3,500
HALF-PAGE AD	$2,000

*Please contact Joyce@GiantsofBroadcasting.com for ad submission details

Payment: The Library of American Broadcasting Foundation is a 501(c)(3) charity, Federal Tax ID No. 13-2622843. Your contribution, less $170 per ticket, is tax deductible.

Please charge my \( \bigcirc \) Visa \( \bigcirc \) MasterCard \( \bigcirc \) American Express card for the amount of $_________

NAME ON CREDIT CARD	CREDIT CARD NUMBER	EXP. DATE & SECURITY CODE (REQUIRED)

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

Please email me an invoice made out to me at the address listed at the top of this form.