



2025 HALL OF MENTORSHIP DINNER

Wednesday, October 15th
New York Hilton Midtown

6:00 PM Reception ~ 7:00 PM Dinner and Program

PLEASE RESERVE

GALAXY DONOR at \$100,000 includes prime seating for up to 40 guests, on-screen congratulatory ad in heavy rotation, most prominent ad position in Digital Journal*, plus signage, logo slide, and acknowledgment at the dinner.

GOLD DONOR at \$75,000 includes prime seating for up to 30 guests, on-screen congratulatory ad in high rotation, prominent ad position in Digital Journal*, plus signage, logo slide, and acknowledgment at the dinner.

SILVER DONOR at \$50,000 includes prime seating for 20 guests, on-screen congratulatory ad in semi-high rotation, ad in Digital Journal* positioned according to tier, plus signage, logo slide, and acknowledgment at the dinner.

BRONZE DONOR at \$35,000 includes prime seating for 10 or Partner Table location seating for 20 guests, on-screen congratulatory ad, ad in Digital Journal* positioned according to tier, plus logo slide.

PARTNER TABLE at \$22,500 includes seating for 10 guests and on-screen plus Digital Journal* congratulatory ad.

TABLE OF TEN at \$17,500

INDIVIDUAL TICKETS at \$1,750 each
of Tickets _____

À LA CARTE DIGITAL CONGRATULATORY ADS

-Will only appear in Digital Journal.

-Already included in Partner Table and higher tier purchases.

DIGITAL JOURNAL FULL PAGE AD (horizontal) at \$7,500*

DIGITAL JOURNAL HALF PAGE AD (vertical) at \$5,000*

DIGITAL JOURNAL QUARTER PAGE AD (horizontal) at \$3,500*

I/We cannot attend but wish to contribute \$ _____

**Digital Journal specs provided when order is received. Both on-screen and full-page ads are HORIZONTAL.*

The International Radio and Television Society Foundation, Inc. is a 501(c)(3) charity, Federal Tax ID No. 13-6149966.
Value per ticket = \$330. Charitable portion per ticket = \$1,420.

PAYMENT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Title: _____ Phone: _____ E-mail: _____

Company: _____

(Please print exactly as you wish your company to be listed in the Dinner Journal.)

Address: _____ Floor/Suite #: _____

City: _____ State: _____ Zip: _____

Please send me an invoice. Please charge my Visa, MasterCard, or American Express card.

Name (as it appears on card): _____

Account #: _____ Expiration: _____ Security Code: _____

Billing Address (if different than above): _____

Signature: _____

PLEASE E-MAIL FORM TO: JOYCE.TUDRYN@IRTS.ORG ~ PHONE: 212-867-6650, option 9