



# 2026 HALL OF MENTORSHIP DINNER

Thursday, October 15th  
New York Hilton Midtown

## 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 heavy 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 up to 20 guests, on-screen congratulatory ad in 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 premier seating for 10 guests, on-screen congratulatory ad in semi-high rotation, ad in Digital Journal\* positioned according to tier, plus logo slide, and acknowledgment at the dinner.

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

**TABLE OF TEN at \$19,000**

**INDIVIDUAL TICKETS at \$2,000** ea.  
Quantity: \_\_\_\_\_

### À LA CARTE DIGITAL CONGRATULATORY ADS

-Already included with Partner Table and Galaxy, Gold, Silver, and Bronze Donor purchases.

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

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

**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.  
Charitable portion per ticket TBD.

## 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