



2026 HALL OF MENTORSHIP DINNER

Thursday, October 15th
New York Hilton Midtown

5:30 PM Reception ~ 6:30 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 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* (fully charitable)

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

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.

The amount of your contribution that may be deductible for federal income tax purposes is limited to the excess of your payment over the fair market value of goods and services received. Our good faith estimate of the fair market value of this event is \$342 per ticket.

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