

# 42<sup>nd</sup> PMAH Inaugural Gala & Installation of Officers

Alohilani Resort Waikiki Beach, Alohilani Ballroom

Saturday, January 18, 2020 at 5pm

*I/We wish to support the Philippine Medical Association of Hawaii -*

## SPONSORSHIP OPPORTUNITIES

- SAMPAGUITA Sponsorship - \$5,000  
This includes an outside cover ad *or* two-page center spread ad of the souvenir book, two dinner tables of 10 guests each, and product acknowledgment during program.
- GUMAMELA Sponsorship - \$3,000  
This includes an inside front *or* inside back cover ad of the souvenir book, one dinner table of 10 guests, and product acknowledgment during program.
- KALACHUCHI Sponsorship - \$1000  
This includes two tickets to dinner and one full page ad and product acknowledgment during program.

## ADVERTISING OPPORTUNITIES

- OUTSIDE BACK COVER AD (color, 7.5" x 10" page) - \$1500.00
- TWO PAGE CENTER SPREAD AD (color, 7.5" x 10" page) - \$1500.00
- INSIDE FRONT COVER AD (color, 7.5" x 10" page) - \$1000.00
- INSIDE BACK COVER AD (color, 7.5" x 10" page) - \$1000.00
- INSIDE PAGE AD (color, 7.5" x 10") - \$300.00

Please email colored material by December 30, 2019 to JP Orias, [pmahinfo@gmail.com](mailto:pmahinfo@gmail.com).

## CELEBRATE WITH US

- SHALL WE DANCE? I am / we are interested in purchasing tickets for the event.
  - Individual ticket    Number of tickets: \_\_\_\_\_ x \$125 = \_\_\_\_\_
  - Table of 10            Number of tables: \_\_\_\_\_ x \$1150 = \_\_\_\_\_
- DONATE an item for prizes at the gala  
Item description: \_\_\_\_\_
- I'd like to make a DONATION to support PMAH and its affiliates to help with ongoing projects.  
Amount = \_\_\_\_\_

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## Contact Information

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

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## Payment information (Payments due by January 4, 2020)

CHECK Enclosed. Please make check payable to *Philippine Medical Association of Hawaii*.

### CREDIT CARD

Credit card type: \_\_\_\_\_ Credit card Number: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Expiration date: \_\_\_\_\_ 3 digit-security code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ONLINE registration and payments at [www.pmah-hawaii.org](http://www.pmah-hawaii.org). 3% online fee applies.

Please send to PMAH, Attn: JP Orias at PO Box 1294, Pearl City, Hawaii 96782.

Contact JP Orias at 888.674.7264 or [pmahinfo@gmail.com](mailto:pmahinfo@gmail.com) with questions. Visit [pmah-hawaii.org](http://pmah-hawaii.org).