



# NEW ERA DENTAL SOCIETY

**40th Anniversary Past Presidents' Scholarship Gala  
Honoring Dr. Arnelle Lloyd and Dr. Joffie Pittman (PH)  
Hilton City Avenue, Saturday, December 3, 2011**

## GALA PARTICIPATION LEVELS

**Yes! I/we would love to support/attend  
NEW ERA DENTAL SOCIETY'S Gala!**

**Platinum \$10,000**

Preferred seating at Gala for ten (10)  
Front Inside Cover full-page ad in Gala Tribute Book  
Banner Ad on our website  
Logo placement on all event collateral  
Scholarship announcement in company name

#\_\_\_ **INDIVIDUAL PATRON \$500**

Preferred seating at Gala for one (1)  
Special recognition at gala

**Gold \$5,000**

Preferred seating at Gala for five (5)  
Back Cover full-page ad in Gala Tribute Book  
Ad on our website  
Logo placement on all event collateral  
Scholarship announcement in company name

#\_\_\_ **INDIVIDUAL GALA TICKET \$150**

#\_\_\_ **STUDENT GALA TICKET \$100**

**GALA TRIBUTE AD PURCHASES ONLY** (deadline is 11/9)  
*you will be contacted with ad specs.*

Full-page black and white ad \$200

Half-page black and white ad \$125

Quarter-page black and white ad \$75

Friends of NEDS patron line \$25

**Silver \$2,500**

Preferred seating at Gala for two (2)  
Full-page ad in Gala Tribute Book  
Logo placement on all event collateral  
Special recognition at gala and on our website

**I CANNOT ATTEND, BUT WISH TO CONTRIBUTE \$\_\_\_\_\_**  
**to New Era Dental Society**

New Era Dental Society is a nonprofit organization under the National Dental Association's I.R.S. code 501 C (3), rendering all donations tax deductible.

**Total \$ \_\_\_\_\_**      **You may make payments online at [www.neweradentalsociety.org](http://www.neweradentalsociety.org).**

Enclosed is a check made payable to New Era Dental Society (memo note: 40th Anniversary Gala)

Please charge my:  Visa    MasterCard    American Express      Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_      Signature: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_      (As you wish to appear in the program)

Address: \_\_\_\_\_      City, \_\_\_\_\_      State \_\_\_\_\_      Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_      Phone: \_\_\_\_\_