

QCDS

Queens County Dental Society
86-90 188th Street
Jamaica, N.Y. 11423
Tel. (718) 454-8344
E-mail: ed@qcds.org
Fax: (718) 454-8818

September 28, 2017

Dear QCDS Supporter:

The Queens County Dental Society will hold its annual Installation & Dinner Dance in honor of our 2018 officers on Saturday, January 27, 2018 at the Chateau Briand in Carle Place, NY.

Our incoming President, Dr. Richard Yang, has asked that I contact you to seek your support of our event by attending and sponsoring the Installation Dinner. Your support of this event is integral to its success and our ability to offer programs of interest to our members.

Sponsorship Levels

Diamond Sponsor at \$10,000 (Only 1)

- Name included in event invitation
- Name and logo incorporated into event signage
- Sponsor's Name listed in all event publicity materials
- Special acknowledgement at event
- Includes tables for 20 guests
- Diamond acknowledgement in the QCDS Bulletin

Platinum Sponsor at \$5,000 (Only 2)

- Name and logo incorporated into event signage
- Sponsor's Name listed in all event publicity materials
- Special acknowledgement at event
- Includes tables for 15 guests
- Platinum acknowledgement in the QCDS Bulletin

Gold Sponsor at \$3,000

- Special acknowledgement at event
- Includes 10 Dinner tickets
- Gold acknowledgement in the QCDS Bulletin

Silver Sponsor at \$1,000

- Special acknowledgement at event

- Includes 4 Dinner tickets
- Silver acknowledgement in the QCDS Bulletin

Bronze Sponsor at \$500

- Includes 2 Dinner tickets
- Bronze acknowledgement in the QCDS Bulletin

Friend Sponsor at \$300

- Friend acknowledgement in the QCDS Bulletin

Supporter Sponsor at \$200

- Supporter acknowledgement in the QCDS Bulletin

Associate Sponsor at \$100

- Associate acknowledgement in the QCDS Bulletin

Dinner Tickets are \$150 each.

We look forward to a favorable response and appreciate your ongoing support of QCDS and its programs.

Please return the enclosed form with your payment.

Very truly yours,

**Oleg Rabinovich, Esq.
Executive Director**

PLEASE RETURN FORM WITH YOUR PAYMENT

THANK YOU IN ADVANCE

_____	\$10,000	DIAMOND
_____	\$5,000	PLATINUM
_____	\$3,000	GOLD
_____	\$1,000	SILVER
_____	\$500	BRONZE
_____	\$300	FRIEND
_____	\$200	SUPPORTER
_____	\$100	ASSOCIATE

_____ **I WILL ATTEND THE DINNER DANCE (\$150 PER PERSON)**

_____ **I WILL NOT ATTEND THE DINNER DANCE**

_____ **NUMBER OF ATTENDEES**

Please make checks payable to: QCDS

**Please return to: Queens County Dental Society
86-90 188th Street
Jamaica, New York 11423**

Name _____

Company _____

Address _____

City/State/Zip _____

Phone _____ **Email** _____

Check enclosed in the amount of \$_____ made payable to ICDE

Charge my **Visa** **MasterCard** **Amex** **Discover in the amount of \$_____**

Card # _____ **Expiration Date** _____