

2008 EDWARD J. ILL EXCELLENCE IN MEDICINE AWARDS™

PLEASE RESPOND BY FRIDAY, APRIL 11, 2008

DINNER TICKETS:

Tickets to this black tie event cost \$175 if payment is received by April 11, 2008, and \$200 thereafter. Tables of 10 can be purchased for \$1750. If you are ordering numerous tickets for your organization, please enclose a legible list of names or e-mail your list to jpuro@EJIawards.org. Tickets will be held at the door.

AWARDS JOURNAL ADVERTISEMENTS:

AD SIZE	DIMENSIONS	COST
Back Cover (4-color)	7.5" x 10"	\$2,750*
Inside Back Cover (4-color)	7.5" x 10"	\$2,500**
Full Page (black & white)	7.5" x 10"	\$1,000
Half Page (black & white)	7.5" x 5"	\$600

*Discounted price of \$2,500 with purchase of table.

**Discounted price of \$2,250 with purchase of table.

Ad materials should be e-mailed (preferably in pdf format) to jpuro@EJIawards.org no later than Friday, April 11, 2008.

I WISH TO PURCHASE:

Ticket(s) to the dinner.

No. of Tickets: _____

Total Cost \$ _____

An ad in the awards journal.

Size: _____

Total Cost \$ _____

I cannot attend, but wish to make a contribution to the Edward J. Ill Excellence in Medicine Foundation, Inc., in the amount of \$ _____. Profits from this year's event will benefit Hunterdon County Medication Access Partnership (HCMAP).

PLEASE SEE BACK PANEL FOR PAYMENT INFORMATION. →

ATTENDEE INFORMATION:Name(s): _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____

Are you associated with one of this year's honorees? If yes, please list:
_____**PAYMENT INFORMATION:** I have enclosed a check in the amount of \$ _____.*(Please make checks payable to EJI Excellence in Medicine Foundation.)* I have registered and paid online. Please charge my credit card (*circle one*): Visa MasterCard AmEx

In the sum of \$ _____.

Credit Card No.: _____

Security Code: _____ Expiration Date: _____

Authorized Signature: _____

CARDHOLDER'S BILLING ADDRESS (*if different from address above*):

Name of Cardholder: _____

Address: _____

City: _____ State: _____ ZIP: _____

Please register online at www.EJlawards.org or return this completed card with check or credit card information to: Edward J. Ill Excellence in Medicine Foundation, Inc., c/o MDA Advantage, Two Princess Road, Suite 2, Lawrenceville, NJ 08648. A return envelope has been provided for your convenience.

Edward J. Ill**Excellence in Medicine Foundation, Inc.**