

# 2009 EDWARD J. ILL EXCELLENCE IN MEDICINE AWARDS®

**PLEASE RESPOND BY FRIDAY, APRIL 10, 2009**

## DINNER TICKETS:

Tickets to this black tie event cost \$200. Tables of 10 can be purchased for \$1,750. 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](mailto: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"	\$3,000*
Inside Back Cover (4-color)	7.5" x 10"	\$2,750**
Full Page (black & white)	7.5" x 10"	\$1,250
Half Page (black & white)	7.5" x 5"	\$750

\*Discounted price of \$2,750 with purchase of table

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

Ad materials should be e-mailed (preferably in pdf format) to [jpuro@EJIAwards.org](mailto:jpuro@EJIAwards.org) no later than Friday, April 10, 2009.

## 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 The Community Food Bank of New Jersey and the Joetta Clark Diggs Sports Foundation's Head 2 Toe Fitness Program.

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:  
\_\_\_\_\_Do you have any special dietary needs? 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](http://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 MDAdvantage, 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.