

NEW YORK CITY



SECOND ANNUAL 2014 AWARDS LUNCHEON

Friday, November 14, 2014

COCKTAIL RECEPTION | LUNCHEON
12:00 PM - 1:00 PM | 1:00 PM - 2:30 PM

Sheraton Hotel & Towers | 811 7th Avenue at 52nd Street, New York, NY 10019

PRICING OF TABLES

GENERAL = \$15,000
CAPTAIN = \$10,000
SERGEANT = \$ 5,000
PRIVATE = \$ 3,500

HONOREES



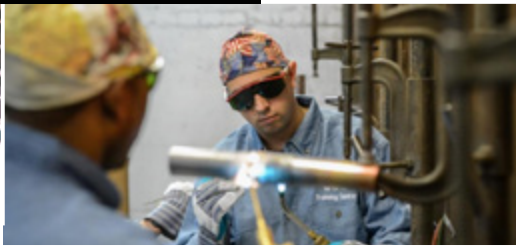
**Honorable
Eric Ulrich**
*Chairman
NYC Council
Veterans Committee*



**Raymond
Melville**
*Senior Assistant
Business Manager
IBEW Local #3*



**Donald
DeNardo**
*Executive Vice
President
Lend Lease*



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Chairman

NYC Council Veterans Committee

Raymond Melville
Senior Assistant Business Manager
IBEW Local #3

Donald DeNardo
Executive Vice President
Lend Lease

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TABLES

- GENERAL: \$15,000**
Table of 10 with Prime Seating;
Recognition at event and in event materials;
Prominent full-page color ad
- CAPTAIN: \$10,000**
Table of 10 with Prime Seating;
Recognition at event and in event materials;
Full-page color ad
- SERGEANT: \$ 5,000**
Table of 10 with Preferred Seating;
Half-page ad
- PRIVATE: \$ 3,500**
Table of 5

TICKETS

- DONOR: \$500**
Ticket for 1 with preferred seating
- FRIEND: \$350**
Ticket for 1

DONATION

- I/We cannot attend the event, but would like to make a donation of \$ _____

MAIL:

NYC Helmets to Hardhats
Awards Luncheon
380 Lexington Avenue
19th Floor
New York, NY 10168
Fax: 212-450-7301
Email: sstaalesen@bermangrp.com

JOURNAL ADS

- FULL-PAGE COLOR:**
8.5 X 11
\$2,000
- FULL-PAGE B&W:**
8.5 X 11
\$1,000
- HALF-PAGE B&W:**
8.5 X 4.75
\$500

Deadline for
submission
of ads is Monday,
November 3, 2014.
Please submit ads in
PDF format.

Files should be emailed to:
sstaalesen@bermangrp.com

Please complete and return this form with your payment to confirm your registration. For additional information, please call Sherri Staalesen at 212-450-7300

- My check in the amount of \$ _____, payable to NYC Helmets to Hardhats, Inc. is enclosed.
- Purchase made by individual Purchase made by organization.

CONTACT INFORMATION

Please list me/my company in event materials as:

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____