



**Voting Period: April 17 – May 12**  
**[News-journalonline.com/contests](http://News-journalonline.com/contests)**  
**Winners Selected: May, 19, 2017**  
**Winners Announced: July 1, 2017**

**Banquet Honoring 2017 Top Healthcare Professionals**  
**Thursday, June 29, 2017 | 6:00 – 8:00pm**  
**The Daytona Beach International Airport**  
**700 Catalina Dr, Daytona Beach, FL 32114**

**Sponsor Deadline: June 2, 2017**  
**Ad Deadline: June 2, 2017**  
**Section Publishes: July 1, 2017**

**Presenting Sponsor -\$6,999 (1 available)**

- Full Page Full Color My Coast– June Edition
- Full Page Full Color My Health – July Winners Edition
- Two – Quarter Page Full Color Ads in News-Journal
- 100K ROS Digital Ad Impressions on news-journalonline.com
- One Site Takeover on news-journalonline.com
- Contest Wrapper and Database – Beginning 4/17-5/12
- Logo on all Contest Promotional ads - 4/17-5/12
- Mention at the banquet as Presenting Sponsor
- Recognition on Top Healthcare Professionals Overall Winners announcement post event
- Social media mentions, Signage at Event
- 8 – Tickets to event

**The News-Journal agrees to publish and provide the aforementioned items.**

Company Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email (Required) \_\_\_\_\_

News-Journal Representative: \_\_\_\_\_ Rep# \_\_\_\_\_

Date: \_\_\_\_\_

Account # \_\_\_\_\_  Ledger

Must provide Credit Card Authorization if paying via credit.



## Presenting Sponsor – Guest List

8 – Tickets to event

First name, Last Name

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_

Company Name: \_\_\_\_\_

## Presenting Sponsor

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email (Required) \_\_\_\_\_

Please fax your guest names to 386.258.0221 or email [events@news-jrnl.com](mailto:events@news-jrnl.com) by Friday June 16<sup>th</sup>.



# 2017 Top Healthcare Professionals Sponsorship Opportunities

## Award Sponsor -\$2,845 (1 available)

- ½ Page Full Color Sunday Business section of the News-Journal
- 25K ROS Digital Ad Impressions on newsjournalonline.com
- Mention at the banquet as Award sponsor
- Recognition on Top Healthcare Professionals Overall Winners announcement post event
- Social media mentions
- Signage at Event
- Logos on awards
- 4 – Tickets to event

**The News-Journal agrees to publish and provide the aforementioned items.**

Company Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email (Required) \_\_\_\_\_

News-Journal Representative: \_\_\_\_\_ Rep# \_\_\_\_\_

Account # \_\_\_\_\_  Ledger

Must provide Credit Card Authorization if paying via credit.



**BAG Sponsor -\$2,845 (1 available)**

- Half Page Full Color My Coast– June Edition
- Half Page Full Color My Health – July Winners Edition
- One – Quarter Page Full Color Ads in News-Journal
- 50K ROS Digital Ad Impressions on news-journalonline.com
- Logo recognition at the banquet as Bag Sponsor
- Recognition on Top Healthcare Professionals Overall Winners announcement post event
- Social media mentions, Signage at Event, Logo recognition is promotional marketing
- 4 – Tickets to event

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**The News-Journal agrees to publish and provide the aforementioned items.**

Company Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email (Required) \_\_\_\_\_

News-Journal Representative: \_\_\_\_\_ Rep# \_\_\_\_\_

Date: \_\_\_\_\_

Account # \_\_\_\_\_  Ledger

Must provide Credit Card Authorization if paying via credit.



## Champagne Sponsor -\$1,945 (1 available)

- Half Page Full Color My Health – July Winners Edition
- One – Quarter Page Full Color Ads in News-Journal
- 40K ROS Digital Ad Impressions on news-journalonline.com
- Logo recognition at the banquet as Champagne Sponsor
- Custom Tags on all Champagne glasses at the event
- Recognition on Top Healthcare Professionals Overall Winners announcement post event
- Social media mentions, Signage at Event, Logo recognition is promotional marketing
- 4 – Tickets to event

**The News-Journal agrees to publish and provide the aforementioned items.**

Company Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email (Required) \_\_\_\_\_

News-Journal Representative: \_\_\_\_\_ Rep# \_\_\_\_\_

Date: \_\_\_\_\_

Account # \_\_\_\_\_  Ledger

Must provide Credit Card Authorization if paying via credit.



**Award / Bag / Champagne Sponsor** (Circle the sponsorship that applies)

**Guest List**

4 – Tickets to event

First name, Last Name

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

Company Name: \_\_\_\_\_

Sponsorship Purchased: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email (Required) \_\_\_\_\_

Please fax your guest names to 386.258.0221 or email [events@news-jrnl.com](mailto:events@news-jrnl.com) by Friday June 16<sup>th</sup>.



## Healthcare Sponsor - \$1,500 (5 available)

- Quarter Page Full Color My Health – July Winners Edition
- One – Quarter Page Full Color Ads in News-Journal
- 25K ROS Digital Ad Impressions on news-journalonline.com
- Logo recognition at the banquet as Healthcare Sponsor
- Recognition on Top Healthcare Professionals Overall Winners announcement post event
- Social media mentions, Logo recognition is promotional marketing
- 2 – Tickets to event

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**The News-Journal agrees to publish and provide the aforementioned items.**

Company Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email (Required) \_\_\_\_\_

News-Journal Representative: \_\_\_\_\_ Rep# \_\_\_\_\_

Date: \_\_\_\_\_

Account # \_\_\_\_\_  Ledger

Must provide Credit Card Authorization if paying via credit.





## Healthcare Sponsor – Guest List

2 – Tickets to event

First name, Last Name

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_

Company Name: \_\_\_\_\_

Sponsorship Purchased: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email (Required) \_\_\_\_\_

Please fax your guest names to 386.258.0221 or email [events@news-jrnl.com](mailto:events@news-jrnl.com) by Friday June 16<sup>th</sup>.





# Daytona Beach News-Journal Payment Authorization Form

PLEASE COMPLETE AND RETURN. CREDIT CARD INFORMATION WILL REMAIN ON FILE UNTIL THE DURATION OF THE EVENT. ALL INFORMATION WILL REMAIN CONFIDENTIAL. IF PAYING FOR DEPOSITS ONLY THE CREDIT CARD WILL REMAIN ON FILE AND THE REMAINING BALANCE WILL BE CHARGED ON THE SAID EVENT CONTRACT.

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

### Payment Information

Credit Card Type:  Visa  Mastercard  Discover  AMEX

Credit number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Total Due: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Total Balance Remaining: \_\_\_\_\_

### Billing Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (Required): \_\_\_\_\_

Phone Number: \_\_\_\_\_

I authorize hereby authorize The Daytona Beach News-Journal to charge my credit card in the amount indicated:

Charge my credit card the 50% Deposit: \$ \_\_\_\_\_

(Balance is due on date listed on the said event contract)

Charge my credit card for the refundable damage deposit

Charge my credit card for the Total Amount Due: \$ \_\_\_\_\_

As the credit card holder, I also authorize The Daytona Beach News-Journal to keep my credit card on file for future event contract payments.