

R S V P

Please reply by April 26th, 2018

#HearInNewYork



Sponsorship Packages and Tickets

- \$50,000 **The General Assembly:**
Twenty Tickets, Digital Ad
(includes an exclusive private tour of the UN Security Floors)
- \$25,000 **The Security Council:**
Fifteen Tickets, Digital Ad
(includes an exclusive private tour of the UN Security Floors)
- \$10,000 **The Delegates:**
Ten Tickets, Digital Ad
(includes an exclusive private tour of the UN Security Floors)
- \$ 5,000 **The Goodwill Ambassadors:**
Five Tickets, Digital Ad
(includes an exclusive private tour of the UN Security Floors)
- \$2,500 **Jr. Delegates:**
Two Tickets, Digital Ad
(includes an exclusive private tour of the UN Security Floors)
- \$ 500 **The UN Friends:**
I would like _____ Tickets
@ \$500 per person.

- I/We are unable to attend but would like to purchase an ad for the [#HearInNewYork](#) Billboard

All ads are digital and will scroll continuously throughout the event. High Res PDF preferred.

- | | | | |
|--|------------|--|-----------|
| <input type="radio"/> Security Council Ad | @ \$25,000 | <input type="radio"/> Junior Ambassador Ad | @ \$1,000 |
| <input type="radio"/> Delegates Ad | @ \$10,000 | <input type="radio"/> UN Friends AD | @ \$ 500 |
| <input type="radio"/> Goodwill Ambassador Ad | @ \$ 5,000 | <input type="radio"/> Coalition of Allies Ad | @ \$ 250 |
| <input type="radio"/> Junior Delegates Ad | @ \$ 2,500 | <input type="radio"/> Secretary General Ad | @ \$ 100 |

- I/We cannot attend [#HearInNewYork](#), but would like to make a contribution of \$ _____.

Ticket & Journal Deadline: April 26th, 2018

Name(s): _____

Everyone MUST show a current government issued photo ID to be admitted into the United Nations Building. Please make sure the name you provided with the RSVP matches your government issued photo ID.

(Please list your additional guests on reverse)

Company: _____

Street Address: _____

City/State/Zip: _____

Telephone: () _____

Email: _____

Enclosed is a check made payable to:
The Children's Hearing Institute

Please charge my credit card:
 MasterCard Visa American Express

Name on Card: _____
Please print name exactly as appears on your card

Signature: _____

Account #: _____

Exp. Date: ____/____/____ CVC _____

Contact: Melissa A. Willis
Executive Director
Tel (212) 257-6138
Email Mwillis@childrenshearing.org

Mail: The Children's Hearing Institute
363 Seventh Avenue – 10th Floor
New York, NY 10001

Additional Guests

Name:(s) _____

www.childrenshearing.org