



Northeast Valley Health Corporation
a californiah⁺ center

45th Anniversary Gala

Champions for Quality Health Care

September 20, 2018

Taglyan Cultural Complex, Los Angeles, CA

Cocktail Reception & Silent Auction 6:00 PM | Dinner & Awards Ceremony 7:00 PM

TRIBUTE JOURNAL

Please join us to celebrate our *Champions for Quality Health Care* by congratulating them in a tribute AD featured in our 45th Anniversary Tribute Journal. It is a powerful way to celebrate our *Champions'* special evening while supporting NEVHC's expansion of women's health and wellness services at the new Pacoima Women's Health Center.

- OUTSIDE BACK COVER** **\$10,000**
8.5"W x 11"H (Four-color)
- INSIDE COVER, FRONT OR BACK** **\$7,000**
8.5"W x 11"H (Four-color)
- FULL PAGE** **\$3,000**
8.5"W x 11"H (Four-color)
- HALF PAGE** **\$1,500**
7.5"W x 4.875"H (Four-color)
- QUARTER PAGE** **\$500**
3.75"W x 4.75"H (Four-color)

DEADLINE FOR AD SPACE & COPY:
August 15, 2018

Acceptable files are: High resolution PDF (with fonts embedded), jpeg or eps file (with fonts outlined and images embedded). Other formats may result in delays. We can assist you with the design of your advertisement.

Please submit advertisements as CMYK for color positions. No RGB.

Bitmap/raster images should be 100% at 300 ppi. Save all color images as CMYK. Vector images must be saved as AI or EPS.

All fonts must be OpenType or Postscript Type1, unless text has been converted to outlines. Any Truetype fonts must be converted to outlines. Please do not use "Style" menu to apply font attributes such as bold, or italic, but use the corresponding font from the font menu.

EMAIL GRAPHICS TO: shannongilland@nevhc.org.

FOR QUESTIONS, PLEASE CONTACT SHANNON GILLAND AT: (818) 898-1388 x 41702.

Name/ Title

Company/ Organization

Address

City, State, Zip

Phone

Email

CHECK:
Enclosed is my check for \$ _____ payable to:

Northeast Valley Health Corporation
Attn: Jenori Galicia
1172 N. Maclay Avenue
San Fernando, CA 91340-1300

CREDIT CARD:
 American Express Discover Master Card Visa

Card# _____

CCV# _____ (last 3 digits on back)

Expiration Date _____

Name on Card _____

Authorized Signature _____

Billing Zip Code _____

Please complete the Tribute Journal form and email to jenorigalicia@nevhc.org or fax to **818-270-9592**.

You may also purchase your Tribute Journal advertising at nevhc.org/gala.

For questions or additional information, please contact **Jenori Galicia**, Development Assistant, at **818-270-9579**.