

The
**Winning
Spirit**



KIDNEY & UROLOGY FOUNDATION
OF AMERICA

Cordially invites you to attend

The Winning Spirit

A Celebration of Excellence

HONORING

DAVID S. HADDAD

MICHAEL S. HADDAD

Legends Award

DMITRY SAMSONOV, MD

Chief, Pediatric Nephrology

The Maria Fareri Children's Hospital at
Westchester Medical Center

National Medical Award in Pediatric Nephrology

WEDNESDAY, THE TENTH OF OCTOBER
TWO THOUSAND AND EIGHTEEN

THE ESSEX HOUSE
160 CENTRAL PARK SOUTH
NEW YORK CITY

Cocktails 6:30 pm
Dinner 7:30 pm

Business Attire
RSVP

The Winning Spirit

Wednesday, October 10, 2018 • The Essex House

DINNER RESERVATION CARD

Please reserve the following:

BENEFACTOR TABLE _____ at \$20,000 (1 available)

Includes premier seating and the back cover in the journal

DIAMOND TABLE _____ at \$18,000 (2 available)

Includes premier seating and inside cover in the journal

PLATINUM TABLE(S) _____ at \$12,500

Includes premier seating and a platinum page in the journal

GOLD TABLE(S) _____ at \$10,000

Includes premier seating and a double gold page in the journal

SILVER TABLE(S) _____ at \$8,500

Includes premier seating and a silver page in the journal

BRONZE TABLE(S) _____ at \$5,000

Includes premier seating and a bronze page in the journal

PREMIER TICKET(S) _____ at \$750

DONOR TICKET(S) _____ at \$450

I am unable to attend but enclosed is my contribution in the amount of \$ _____

In honor of _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone # _____

Contact Name _____

Your contribution less \$150 per seat is tax-deductible.

Please make check payable to:

Kidney & Urology Foundation of America

and return it in the enclosed envelope

I prefer to pay by credit card:

Master Card Visa AMEX Discover
_____ Exp. _____

RSVP by October 3, 2018.

For further information, please call (212) 629-9770

or fax to (212) 629-5652 or info@kidneyurology.org

(Please list guests on reverse side).

The Winning Spirit

Wednesday, October 10, 2018 • The Essex House

JOURNAL RESERVATION CARD

_____ Back Cover	\$18,000
_____ Inside Front Cover	\$15,000
_____ Inside Back Cover	\$12,500
_____ Platinum Page	\$10,000
_____ Gold Page	\$7,500
_____ Silver Page	\$3,500
_____ Bronze Page	\$1,500
_____ White Page	\$500

Enclosed is my check for _____ .

My ad is in honor of _____ .

Please enclose copy on reverse side.

Journal Deadline: October 3, 2018

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone # _____

Contact Name _____

Please make checks payable to:

Kidney & Urology Foundation of America

and return it in the enclosed envelope

I prefer to pay by credit card:

Master Card Visa AMEX Discover

_____ Exp _____

For further information, please call (212) 629-9770
or fax to (212) 629-5652 or info@kidneyurology.org
(Artwork can be emailed to above address.)

COPY FOR JOURNAL

Prepared artwork for journal can be emailed to: info@kidneyurology.org