



GOLD PARTNERS COUNCIL

2018-2019 Levels and Benefits

Osler Partner: \$7,500	Blackwell Partner: \$15,000
<ul style="list-style-type: none"> Annual chapter fee for GHHS services and administrative support is waived; Ongoing access to all of the Gold Foundation’s programs and resources*; Recognition as an Osler Partner on the Gold Foundation’s website and in an ad published in <i>Academic Medicine</i>. 	<ul style="list-style-type: none"> Annual chapter fee for GHHS services and administrative support is waived; Ongoing access to all of the Gold Foundation’s programs and resources*; Recognition as a Blackwell Partner on the Gold Foundation’s website and in an ad published in <i>Academic Medicine</i>; Discounts on select Gold Foundation-sponsored and -affiliated conferences, events and/or products; 5 seats at the Gold Foundation’s gala; A half-page ad in the Gold Foundation’s gala journal.
Hippocrates Partner: \$25,000	
<ul style="list-style-type: none"> Annual chapter fee for GHHS services and administrative support is waived; Ongoing access to all of the Gold Foundation’s programs and resources*; Recognition as a Hippocrates Partner on the Gold Foundation’s website and in an ad published in <i>Academic Medicine</i>; Inclusion of primary affiliated teaching hospital, or teaching hospital partner of your choice, in recognition as Hippocrates Partner; Discounts on select Gold Foundation-sponsored and -affiliated conferences, events and/or products; A table of 10 seats at the Gold Foundation’s gala; A full-page ad in the Gold Foundation’s gala journal and recognition from the podium. 	

* Please reference enclosed list of program offerings for a complete list of all of the resources and benefits that are included with your Academic Council Membership.



Yes! Our school, hospital or medical institution would like to become a member of the

GOLD PARTNERS COUNCIL

___ **OSLER PARTNER (\$7,500)**

___ **BLACKWELL PARTNER (\$15,000)**

___ **HIPPOCRATES PARTNER (\$25,000)**

Please provide your contact and listing information:

Contact Name: _____ Title: _____

School/GHHS Chapter Name (as it is to be listed):

Address: _____

City/State/ Zip: _____

Phone: _____ Email: _____

****We would appreciate your response and payment by December 1, 2018
as our fiscal year operates according to the calendar year.****

*Please return this form via fax (201.567.7880) or email (kerry@gold-foundation.org).
Payment can be made via credit card or check.*

___ **Please send us an invoice at the above address for our membership**

___ **A check is in the mail** (Please make checks payable to The Arnold P. Gold Foundation and return with this form to 619 E. Palisade Avenue, Englewood Cliffs, NJ 07632.)

___ **Please charge our credit card:** VISA MasterCard AMEX Amt. \$ _____

CREDIT CARD NUMBER

EXPIRATION DATE

SIGNATURE

NAME ON CARD