

SPONSORSHIP LEVELS

PLATINUM	\$15,000.00	(*** 2 Tables for 10-VIP Seating)
GOLD	\$10,000.00	(** 1 Table for 10-VIP Seating)
SILVER	\$5,000.00	(* 1 Table for 10-Preferred Seating)

ADVERTISEMENT in the Annual Souvenir Magazine

Outside Back Cover (Colored).....	\$2,000.00
Inside Front or Back Cover (Colored).....	\$1,500.00
Full Page.....	\$1,000.00
Half Page.....	\$500.00
Quarter Page.....	\$250.00
Business Card Ad.....	\$100.00

TABLE \$1250.00

WELL WISHERS \$500.00 (Seating for 2)

INDIVIDUAL \$150.00

LIFE MEMBERS \$50.00 (Add'l \$50.00 for spouse)

*** Display booth, full page ad in Gala Souvenir, Annual Convention tickets.
Video Promotion during luncheon

** Display booth, full page ad in Gala Souvenir, Annual Convention tickets

* Display booth, half page ad in Gala Souvenir, Annual Convention tickets

Please make check payable to: IMALA

Amount:\$ _____ Check No. _____

RSVP by September 31st, 2009

Call (310) 237-0023 or (310) 786-7100

Email: rajpchawla@yahoo.com

gkrisbatra@hotmail.com

IMALA is Non-profit organization • TAX ID-TN 95-4393 229

INDIAN MEDICAL ASSOCIATION
of
GREATER LOS ANGELES

October 24, 2009

- Registration
- CME Meeting 10:00 am - 1:00 pm
Brotman Medical Center
(Green Room)
- Reception 6:30 pm
Sony Studios*
- Program 7:30 pm
Sony Studios*
- Dinner 8:30 pm
Sony Studios*
- Music, Entertainment & Dance 9:30 pm
Sony Studios*

Sony Studios*

10202 W. Washington Blvd, Culver City, CA 90232

Parking Info:

There will be activities for spouses and kids throughout the day.
Due to limited seating, please RSVP no later than September 30, 2009.
Registration form attached and also available @ www.imala.net

INDIAN MEDICAL ASSOCIATION GALA

Last Name _____
First Name _____ Spouse _____
Address: _____
City: _____ State: _____ Zip: _____
Tel (Home): _____
(Cell) : _____
(Office): _____
Email: _____

I am unable to attend. Enclosed is my donation of \$ _____

Company Name: _____

Guests(____) and Meal Preference:

Veg	Non-veg
Veg	Non-veg
Veg	Non-veg
Veg	Non-veg

METHOD of PAYMENT

Check payable to IMA of Greater Los Angeles

Visa MasterCard American Express

Credit Card No. _____

Expiration Date: _____ Security Code _____

Billing Address: _____

Signature: _____

Life Member Annual Member Non-Members

Students, Residents & Fellows FREE

MEMBERSHIP DUES:

Life: \$750 Annual: \$100

Enclosed with Registration \$ _____

Spouse/Guest Name: _____

Specialty: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please mail of fax this form along with your method of payment

IMA of Greater Los Angeles

912 Teakwood Rd., Los Angeles, CA 90049

Non profit TNI No. 95-4393229

For more information, call **(310) 786-7100**



INDIAN MEDICAL ASSOCIATION

ANNUAL DINNER DANCE GALA & CME MEETING



I.M.A.L.A. EXECUTIVE MEMBERS 2009

October 24, 2009

Sony Studios

10202 W. Washington Blvd, Culver City, CA 90232

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www.imala.net