



# ROOTS IN OUR COMMUNITY

GROWING A HEALTHY BROCKPORT



## DINNER REGISTRATION

### FARM-TO-TABLE COMMUNITY HEALTH DINNER

Saturday, August 26, 2017 | 5:30-8:30pm

New York Room in Cooper Hall

350 New Campus Drive, The College at Brockport

#### CELEBRATION:

We are celebrating our community roots with local music, local wine tastings, and all produce and meats provided by local farmers

#### CONVERSATION:

With the current climate in healthcare, it is especially critical for Oak Orchard Health to get in front of the health issues and concerns we face in Brockport.

#### RECOGNITION:

Join us in honoring **Caurie Putnam-Ferguson, Libby Caruso**, the **Brockport Ecumenical Outreach Committee, Karen Watt**, and **Dr. James Goetz** for their positive influence on health care in our community.



Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

First and last name for each ticket holder, and dinner option:

*(B/P=Beef/Pork Dual Entree, V=Vegetarian)*

- \$60 – Individual, # \_\_\_\_\_
- \$100 – Couple, # \_\_\_\_\_
- \$420 – Table (8), # \_\_\_\_\_
- Other, # \_\_\_\_\_

NAME	B/P	V	NAME	B/P	V
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Please make checks payable to:** Oak Orchard Health

**Mail to:** Roots in the Community, Farm-to-Table Community Health Dinner | 300 West Ave. | Brockport, NY 14420

**Dinner registration and payment via credit card can be made online at:** [www.oakorchardhealth.org/roots](http://www.oakorchardhealth.org/roots)

# DINNER SPONSORSHIP

## Sponsorship Levels



**SEED  
SOWER**  
\$250.00



**HEALTH  
CULTIVATOR**  
\$500.00



**HEALTH  
HARVESTER**  
\$750.00



**BROCKPORT  
COMMUNITY  
HEALTH  
BARNRAISER**  
\$1000.00

**Two tickets** to event

Name listed in event promotions and marketing (*including web page and event signage*)

**Business card** ad (2.5"W x 2"H) in program

**Four tickets** to event

Name listed in event promotions and marketing (*including web page and event signage*)

**Quarter page** ad (2.5"W x 4"H) in program

**Table** at event

Name listed in event promotions and marketing (*including web page and event signage*)

**Half page** ad (5"W x 4"H) in program

**Table** at event

**Special recognition** and name listed in event promotions and marketing (*including web page (logo and link) and event signage*)

**Full page** ad (5"W x 8"H) in program

**Charter membership** to Oak Orchard Health Community Roots Giving Society.

**EMAIL TO:** [RMcDevitt@oochc.org](mailto:RMcDevitt@oochc.org):

- ✓ First and last name of all attendees
- ✓ Company logo
- ✓ Your advertisement

Company / Individual Name: \_\_\_\_\_  
*(how you would like it to appear in program)*

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Sponsor level: (select one):

- Seed Sower** \$250.00     **Health Cultivator** \$500.00     **Health Harvester** \$750.00     **Brockport Community Health Barnraiser** \$1000.00

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