

As Executive Director of the Allegheny County Medical Society (ACMS), I am pleased to extend a special invitation to become a sponsor of the **ACMS Distinguished Awards**—an evening dedicated to celebrating the remarkable contributions of physicians, individuals, and organizations that have made a profound impact on our community's healthcare landscape.

This prestigious event will take place on **Thursday, November 13** at the **PNC Champions Club, Acrisure Stadium**, where we will honor those who have demonstrated outstanding leadership, innovation, and dedication to advancing healthcare. It promises to be a remarkable gathering of distinguished healthcare professionals, industry leaders, and influential stakeholders. We expect more than 200 attendees representing various sectors of the healthcare industry.

By sponsoring this event, you will not only support the recognition of exceptional physicians but will also gain significant visibility and engagement with key healthcare professionals and decision-makers. This is an excellent opportunity for your organization to showcase its commitment to excellence in healthcare and to build relationships within this influential community.

We offer a range of sponsorship opportunities designed to provide unique exposure and benefits for your organization, including Presenting, Platinum, Gold, Silver, and Bronze levels.

Each sponsorship level offers exclusive benefits, including complimentary tables or tickets, branding enhancements, and additional opportunities to elevate your organization's presence at the event. In addition, program ads are available, with several prime ad spaces reserved for premium tier level sponsors, offering greater visibility for your organization.

We would be honored to have you as a valued sponsor and partner in making this event a memorable success. Should you have any questions or wish to discuss how we can tailor the sponsorship package to align with your organization's goals, please don't hesitate to contact Nadine Popovich, event coordinator at npopovich@acms.org or 412.321.5030 x110.

Thank you for considering this opportunity to support and celebrate the achievements of our dedicated physicians. We look forward to the possibility of collaboration at this prestigious event.

Best regards,

Sara Hussey, MBA, CAE

Sara Hussey

Executive Director, Allegheny County Medical Society

AN INVITATION TO SPONSOR



EVENT TIMELINE



THURSDAY, NOVEMBER 13

6:00 pm to 9:00 pm
PNC CHAMPIONS CLUB AT ACRISURE STADIUM

6:00 pm to 7:15 pm RECEPTION, HOSTED BAR, APPETIZERS & TAPAS SELECTIONS

7:25 pm to 8:15 pm

WELCOME

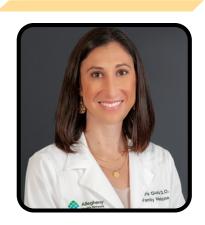
PRESENTATION OF ACMS LEADERSHIP
DISTINGUISHED AWARDS PRESENTATION

DESSERT & COFFEE

8:15 pm to 9:00 pm NETWORKING HOSTED BAR

2025 DISTINGUISHED AWARDEES





Maria D. Gioia, DO

Nathaniel Bedford

Primary Care Award



Anita Leon-Jhong, MD Richard E. Deitrick Humanity in Medicine Award



Raymond E. Pontzer, MD
Ralph C. Wilde
Leadership Award



Lemieux Family Center
Benjamin Rush Community Award



Janice Goldsborough, MS Benjamin Rush Individual Award



Lawrence R. John, MD ACMS Spirit of Service Award

SPONSOR



LEVELS Contact Nadine Popovich | npopovich@acms.org | 412.321.5030 x110

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	PRESENTING	PLATINUM	GOLD	SILVER	BRONZE
	\$15,000	\$10,000	\$7,000	\$5,000	\$3,000
Complimentary Tables or Tickets	3 Tables of 10 (30 guests)	2 Tables of 10 (20 guests)	1 Table of 8 (8 guests)	6 Tickets	4 Tickets
Website and Invite Recognition	Company Logo	Company Logo	Company Logo	Company Logo	Company listed in text
Special Event Opportunity Introduction of (1) Awardee					
Program Ad - (select one: inside front, inside back, or back cover). Ad choice is first come, first served.				Half Page Ad	
Acknowledgement during Awards presentation					
Logo on Event Signage (static and display)					
Name on event Signage (static and digital)					
Sponsored content post on event's social media platforms	5	4	3	2	1



THANK YOU

Thank you for helping us continue this proud tradition of recognizing the exceptional work and dedication of physicians across Allegheny County.

CONTACT US

Nadine Popovich | Event Coordinator npopvich@acms.org | 412.321.5030 X 110

Haley Thon | Event Coordinator hthon@acms.org | 412.321.5030 x 105

www.acms.org/events



Thursday, November 13, 2025 | ACMS Distinguished Awards YES! We want to sponsor the 2025 ACMS Distinguished Awards Event.

Sponsor Name/Institution (as you wo	ould like it to appear in all digital and printed marl	keting):
Address:		
Phone (best # to reach you if we h	Email:	
Sponsorship Level (please in	dicate below):	
Presenting (\$15,000)	Platinum (\$10,000)	Gold (\$7,000)
Silver (\$5,000)	Bronze (\$3,000)	
As a Sponsor we agree to:		
Submit full payment by Octob	nd logo for print/digital inclusion (if applier 30, 2025 - please contact Elizabeth ations are submitted on or before Octo	Yurkovich for Credit Card Payments
Signaturo:	Data:	

Sponsorship FAQ

Contact Name:

- Each sponsorship level is for single entities only. No split sponsorships please. Sponsorship must be confirmed, and logo submitted by **October 16, 2025,** for inclusion in print signage. All sponsors will receive recognition in ACMS Bulletin monthly magazine.
- **Tickets**: Each sponsorship level includes a set number of complimentary registrations. Once your sponsorship is confirmed, you will receive the registration link and provided a promo code to share with those attending the event. Nadine Popovich can assist with registration or questions.
- **Table Seating:** Sponsors whose level includes a table or tables will have reserved tables for their party. For those with multiple tables, they will be placed near one another.

Please submit agreement and questions to: Nadine Popovich at npopovich@acms.org or phone 412.321.5030 x110.

Mail to: Allegheny County Medical Society | 850 Ridge Avenue | Pittsburgh, PA 15212.

Form W-9 (Rev. March 2024) Department of the Treasury

Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below. 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Allegheny County Medical Society 2 Business name/disregarded entity name, if different from above. 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check 4 Exemptions (codes apply only to See Specific Instructions on page only one of the following seven boxes. certain entities, not individuals; see instructions on page 3): Trust/estate Individual/sole proprietor ✓ C corporation S corporation Partnership Exempt payee code (if any) LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Print or type. Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate Exemption from Foreign Account Tax Compliance Act (FATCA) reporting box for the tax classification of its owner. code (if any) Other (see instructions) 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification. (Applies to accounts maintained and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check outside the United States.) this box if you have any foreign partners, owners, or beneficiaries. See instructions 5 Address (number, street, and apt. or suite no.). See instructions. Requester's name and address (optional) 850 Ridge Avenue 6 City, state, and ZIP code Pittsburgh, PA 15212 7 List account number(s) here (optional) Part I Taxpayer Identification Number (TIN) Social security number Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a or TIN, later. Employer identification number Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter. 2 5 0 9 3 9 2 Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later. Sign Signature of Here U.S. person General Instructions New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect Section references are to the Internal Revenue Code unless otherwise foreign partners, owners, or beneficiaries when it provides the Form W-9 noted to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information Future developments. For the latest information about developments regarding the status of its indirect foreign partners, owners, or related to Form W-9 and its instructions, such as legislation enacted beneficiaries, so that it can satisfy any applicable reporting after they were published, go to www.irs.gov/FormW9. requirements. For example, a partnership that has any indirect foreign What's New partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065). Line 3a has been modified to clarify how a disregarded entity completes

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

this line. An LLC that is a disregarded entity should check the

appropriate box for the tax classification of its owner. Otherwise, it

should check the "LLC" box and enter its appropriate tax classification.