



**Prevent  
Blindness**

Our Vision Is Vision.

## **2021 PERSON OF VISION COMMITTEE**

Jim McGrann, Chair  
Healthy Eyes Advantage

Marge Axelrad, Co-Chair  
Vision Monday

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Howard Purcell  
New England College  
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Gerard Santinelli  
Santinelli International

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Scott Shapiro  
Europa Eyewear

Michelle Skinner  
VSP Global

# **JOIN US IN HONORING**

**MARC FERRARA**

2021 PREVENT BLINDNESS PERSON OF VISION

**Sands Expo & Convention Center, Room TBD**

201 Sands Avenue | Las Vegas, NV 89169

**THURSDAY,  
SEPTEMBER 23, 2021**

6:30 – 7:15pm

Cocktails & hors d'oeuvres

7:30 – 8:30pm Dinner

8:30 – 9:00pm Program

9:00 – 9:30pm

Champagne after party



[www.preventblindness.org/personofvision2021](http://www.preventblindness.org/personofvision2021)

## GOLD \$25,000

- Title sponsor of Person of Vision event • 3 tables for event • Recognition as award sponsor (*including logo on award*) • Full page ad in event program • Recognition in event program, website, signs and media materials as title sponsor • Acknowledgment from podium as title sponsor • Recognition in Prevent Blindness annual report



## SILVER \$15,000

- 2 tables for event • Full page ad in program • Company logo in event program, website, signs and media materials • Acknowledgment from podium • Recognition in Prevent Blindness annual report

## BRONZE \$10,000

- 1 table for event • Full page ad in program • Company logo in event program, website, signs and media materials • Acknowledgment from podium • Recognition in Prevent Blindness annual report

## TABLE SPONSORSHIP \$3,500

- 1 table for event • Company name in event program and website • Recognition in Prevent Blindness annual report

## GENERAL UNDERWRITING \$5,000

- Company name in event program • Company name on website • Recognition in Prevent Blindness annual report

## TRIBUTE

**Full Page Ad** (5.5" w x 8.5" h) – **\$1,200** | **Half Page Ad** (5.25" w x 4.125" h) – **\$600**

*Final PDF due September 9<sup>th</sup> for placement in program.*

## INDIVIDUAL TICKETS \$350

*Thank you for your generous support!*

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

☐ Pay online: [www.preventblindness.org/personofvision2021](http://www.preventblindness.org/personofvision2021)

☐ Check (*payable to Prevent Blindness*)

☐ Credit Card

☐ Visa

☐ MasterCard

☐ American Express

☐ Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

**Sponsorship Category/Amount \$** \_\_\_\_\_

**Individual Tickets @ \$350 each \$** \_\_\_\_\_

**I would like to make a donation to support  
Prevent Blindness \$** \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

**For more information on sponsorship and ticket opportunities and to send completed forms along with payment:**

Sue Corbett

Prevent Blindness

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