



SPONSORED BY EMPIRE STATE DISTRICT 6

THE AHEPA 2026 REGIONAL BANQUET

JOURNAL ADVERTISING & SPONSORSHIP CONTRACT

AHEPA DISTRICTS 4, 5, 6, 7 & 8

SATURDAY, NOVEMBER 21, 2026 | LEONARD'S PALAZZO, 555 NORTHERN BOULEVARD, GREAT NECK, NY 11021

Cocktails 7:00 PM | Dinner 8:00 PM

Honoring **Congressman Nick LaLota** - 2026 AHEPA Pericles Awardee | **Past Supreme President Nicholas A. Karacostas**
Mistress of Ceremonies: Nicole Petallides

Business / Organization: _____	Contact Person: _____
Billing Address: _____	City / State / ZIP: _____
Telephone: _____	Email: _____
Journal Listing Name: _____	AHEPA Chapter / Affiliation (optional): _____

SELECT	OPTION	INCLUDES	AMOUNT
☐	Benefactor	Premier table for 10; complimentary full-page journal ad; personal introduction to the honorees with a photo.	\$5,000
☐	Benefactor	Premier table for 10 and complimentary full-page journal ad.	\$3,500
☐	Back Page	Premium back-page advertisement in the event journal.	\$5,000
☐	Inside Back Page	Premium inside-back-page advertisement in the event journal.	\$2,500
☐	Full Journal Page	Full-page advertisement in the event journal.	\$200
☐	Table of 10	Reserved banquet table for ten guests.	\$2,000
☐	Individual Ticket(s)	\$225 each Quantity: _____	\$ _____
TOTAL PAYMENT / AMOUNT ENCLOSED \$			_____

	PAY ONLINE Scan the QR code to make payment. Payment name: _____ Transaction date: _____	PAY BY CHECK Make checks payable to AHEPA District 6 Mail to: AHEPA Empire State District 6 28-11 23 Ave, PMB 45 Astoria, New York 11105 Check no.: _____
---	--	---

Please submit print-ready PDF, JPG or PNG artwork with this contract. **Artwork file name:** _____

Return contract and artwork to: _____ Email: _____
Deadline: _____

If artwork is not supplied, print the exact journal message below:

I/We authorize AHEPA District 6 to publish the selected advertisement or sponsorship in connection with the 2026 AHEPA Regional Banquet and agree that payment is due with this contract. Premium placements are subject to availability and confirmation. The advertiser is responsible for the accuracy of, and permissions for, all submitted names, logos, images and text.

Authorized Name / Title: _____	Signature: _____	Date: _____
Email: _____	Telephone: _____	AHEPA Representative: _____

PROCEEDS BENEFIT | AHEPA District 6 Scholarship Program | Greek Orthodox Archdiocese Camp Saint Paul