

20^{TH} ANNUAL STARLIGHT BALL, FRIDAY, NOVEMBER 16, 2018 – THE PARK SAVOY ESTATE

SPONSORSHIP AND AD JOURNAL RESERVATION FORM

PREMIERE SPONSOR OPPORTUNITIES. (Please check sponsorship of choice):

- All Sponsors receive name/logo prominently displayed at the event and recognition in related press releases and media materials.
- Starlight Ball, Dinner, Cocktail Reception and Gold Sponsors receive:
 - o Table of 10 guests with Priority or Premium Seating
 - o Name/corporate logo included in invitation if commitment is received by Friday, August 24, 2018

		ull Page <u>Color Ad</u> in al tickets @ \$500 ea.	the Starlight Bal	ll Journal		• •	
	Priority SAdmittan	11 Sponsor - \$25,000 seating at the Starlightuce for the table into ark Savoy, and include	t Ball the After-Party (e Wine Cellar/Cigar Bar	
	 Dinner Sponsor - \$15,000 Priority Seating at the Starlight Ball Admittance for the table into the After-Party (11:00 P.M. to Midnight), located in the Wine Cellar/Cigar Bar at The Park Savoy, and includes open bar and cold displays. 						
		ception Sponsor - \$1 seating at the Starlight					
☐ Gold Sponsor - \$10,000 • Premium Seating at the Starlight Ball							
STAR SPONSOR OPPORTUNITIES (INCLUDES TWO TICKETS): ALL \$5,000 CHOICE OF:							
	Casino Table	Orchestra	□ <u>Décor</u>	□ <u>Bar</u>	☐ Silent Auction	☐ <u>Performance</u>	
2018 STARLIGHT BALL COMMEMORATIVE AD JOURNAL							
П	Outside Bac	k Cover (4.75" x 8")	- \$5,000 Full Co	olor	Please email a hig	h resolution .pdf to	

2018 STARLIGHT BALL	COMMEMORATIVE AI	O JOURNA	<u>L</u>
☐ Outside Back Cover (4	4.75" x 8") - \$5,000 Full Colo	r	Please email a high resolution .pc cwolfe@mayoarts.org
☐ Inside Front Cover (4.	75" x 8") - \$3,500 Full Color		by Wednesday, October 10, 2018
☐ <u>Inside Back Cover</u> (4.7	75" x 8") - \$3,500 Full Color		
☐ Full Page (4.75" x 8") G	Color - \$2,000 Black and White \$1,000		
☐ Half Page (4.75" x 3.75	5") - \$500 Black and White		
☐ Quarter Page (4.75" x :	2") - \$250 Black and White		

☐ Tribute Listing (Name only) - \$1	100
Contact Name/Title(As you wish it to appear in the Sta	arlight Ball Commemorative Ad Journal)
Business Name	
Address	
City/State/Zip	
Phone	Fax
☐ I am unable to participate as a Spo enclosing a donation to support N	onsor or in the Ad Journal, but am MPAC's presentations and education programs.
	PAYMENT INFORMATION
☐ My check, in the amount of \$	will follow.
☐ Enclosed is my check for \$	(Payable to: Mayo Performing Arts Center)
☐ Please Charge \$	_ to my □ AMEX □ Discover □ MasterCard □ Visa
Card Number:	
Expiration Date:	CCV Code:

Please complete payment and contact information on other side and mail or fax to:

Mayo Performing Arts Center Development Department 100 South Street, Morristown, NJ 07960 Fax (973) 455-1607

Questions? Please call 973-539-0345, ext. 6526.

Thank you for your support!

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