

20TH 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
 - o Full Page Color Ad in the Starlight Ball Journal
- Additional tickets @ \$500 ea.

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 Starlight Ball Sponsor - \$2 Priority Seating at the St 				
Dinner Sponsor - \$15,000Priority Seating at the St	ta r light Ball			
Cocktail Reception SponsPriority Seating at the St				
☐ Gold Sponsor - \$10,000 • Premium Seating at the	Starlight Ball			
STAR SPONSOR OPPORTUNITIES (INCLUDES TWO TICKETS): ALL \$5,000 CHOICE OF:				
☐ Casino Table ☐ Orches	stra 🗆 Décor	□ <u>Bar</u>	☐ Silent Auction	☐ Performance
2018 STARLIGHT BALL CO	OMMEMORATIVE A	AD JOURN	<u>AL</u>	
☐ <u>Outside Back Cover</u> (4.75" x 8") - \$5,000 Full Color SOLD			Please email a high resolution .pdf to: cwolfe@mayoarts.org	
☐ Inside Front Cover (4.75")	x 8'') - \$3,500 Full Colo	or	by <u>Wednesday, Oc</u>	ctober 10, 2018
☐ Inside Back Cover (4.75" x	x 8") - \$3,500 Full Colo	r		
☐ Full Page (4.75" x 8") Colo Black	or - \$2,000 k and White \$1,000			
☐ Half Page (4.75" x 3.75") -	\$500 Black and White			
☐ Quarter Page (4.75" x 2") -	- \$250 Black and White			
☐ Tribute Listing (Name only	v) - \$100			

Contact Name/Title	
(As you wish it to appear in the S	tarlight Ball Commemorative Ad Journal)
Business Name	
Address	
City/State/Zip	
Phone	
E-Mail	
	ponsor 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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