amfAR NEW YORK GALA

To benefit amfAR, The Foundation for AIDS Research

Wednesday, February 6, 2013

REGISTRATION FORM

Name (as it should appear on printed materials) _____ ❍ No listing, please.

Company_____

Address_____

City_____ State/Country_____ Zip/Postal Code_____

Telephone_____ Fax_____ E-mail (required) _____

FOR INFORMATION ON CORPORATE SPONSORSHIP PACKAGES, PLEASE CONTACT ANDREW BOOSE

(aboose@aabproductions.com or +1.212.219.0297) OR SHAMEEK BOSE (shameek.bose@amfar.org or +1.917.232.4127)

I/We wish to purchase:

_____ **GRAND PHILANTHROPIST PACKAGE** at **$75,000** – *Please call for details and to confirm availability.*
(premier, first choice dinner seating for 12 guests, "Grand Philanthropist" listing in event program, Event Chair listing on printed materials and press releases, additional benefits)

_____ **GRAND BENEFACTOR PACKAGE(S)** at **$50,000** (prime dinner seating for 10 guests, "Grand Benefactor" listing in event program, Event Chair listing on printed materials and press releases)

_____ **BENEFACTOR PACKAGE(S)** at **$25,000** (premium dinner seating for 10 guests, "Benefactor" listing in event program, Event Vice Chair listing on printed materials and press releases)

_____ **HOST PACKAGE(S)** at **$15,000** (preferred dinner seating for 10 guests, "Host" listing in event program)

_____ **BENEFACTOR PAIR** at **$25,000** (premier dinner seating for two guests, "Benefactor" listing in event program, Event Vice Chair listing on printed materials and press releases)

_____ **PATRON TICKET(S)** at **$5,000** (premium dinner seating, "Patron" listing in event program)

_____ **FRIEND TICKET(S)** at **$2,500** (preferred dinner seating, "Friend" listing in event program)

_____ **SUPPORTER TICKET(S)** at **$1,500** (dinner seating, "Supporter" listing in event program)

❍ I/We cannot attend, but would like to make a contribution to amfAR in the amount of US $_____.

❍ A check in the amount of US$_____ made payable to amfAR is enclosed.

❍ I am transferring funds in the amount of US $_____to Bank of America / 100 West 33rd Street/ New York, NY, 10001, USA / for credit to The Foundation for AIDS Research (Concentration Account) d/b/a amfAR/ ABA # 0260-0959-3 / Account 009427761547 / Swift Code: BOFAUS3N.

❍ Please bill my: ❍ AMEX ❍ Visa ❍ MasterCard ❍ Discover in the amount of US $_____

Credit Card Number_____ Expiration Date_____

Signature_____ If Corporate Card, Name of Company_____

For all payment methods please email or fax this form to Cassandra Dawes.
Email: cassandra.dawes@amfar.org Fax: +1.917.591.8156

Checks, made payable to amfAR, may be mailed to amfAR / New York Gala, 120 Wall Street, 13th Floor, New York, NY 10005. For further information, please contact Cassandra Dawes +1.212.806.1753 or cassandra.dawes@amfar.org. All tickets are nonrefundable. For U.S. residents, $350 of each ticket is a non-tax-deductible charge for food, beverage, and entertainment. Payments in excess of $350 per person and contributions in return for which no goods or services were received are tax deductible as charitable contributions. (amfAR's Tax ID is 13-3163817).