

amfAR NEW YORK GALA 2017

to benefit amfAR, The Foundation for AIDS Research

WEDNESDAY, FEBRUARY 8, 2017

Cipriani Wall Street, New York City

REGISTRATION FORM

FOR ALL PAYMENT METHODS,
PLEASE EMAIL OR FAX
THIS FORM TO

e: amfarnewyorkgala@amfar.org

f: +1.917.591.8156

Name (as it should appear on printed materials) _____

Company _____ No listing please.

Address _____

City _____ State/Country _____ Zip/Postal code _____

Telephone _____ Fax _____ E-mail (required) _____

**FOR INFORMATION ON CORPORATE SPONSORSHIP PACKAGES, PLEASE CONTACT ANDREW BOOSE AT
aboose@aabproductions.com OR +1.212.219.0297.**

- I/We wish to reserve _____ **GRAND PHILANTHROPIST PACKAGE(S)** 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 in printed materials and press releases)
- I/We wish to reserve _____ **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)
- I/We wish to reserve _____ **BENEFACTOR PACKAGE(S)** at **\$25,000**
(premium dinner seating for 10 guests, “Benefactor” listing in event program, “Event Vice Chair” listing on printed materials)
- I/We wish to reserve _____ **BENEFACTOR PAIR(S)** at **\$25,000**
(premier dinner seating for two guests, “Benefactor” listing in event program, “Event Vice Chair” listing on printed materials)
- I/We wish to reserve _____ **HOST PACKAGE(S)** at **\$17,500**
(preferred dinner seating for 10 guests, “Host” listing in event program)
- I/We wish to reserve _____ **PATRON TICKET(S)** at **\$5,000**
(premium dinner seating, “Patron” listing in event program)
- I/We wish to reserve _____ **FRIEND TICKET(S)** at **\$2,500**
(preferred dinner seating, “Friend” listing in event program)
- I/We wish to reserve _____ **SUPPORTER TICKET(S)** at **\$1,750**
(dinner seating, “Supporter” listing in event program)
- I/We wish to purchase _____ **FULL PAGE AD(S)** at **\$10,000**
Payment must be made in full when reserving your ad, and the final, print-ready ad must be received by 10 A.M. EST on Friday, January 13, 2017.
(Someone from amfAR will email you the ad specs upon receipt of this registration form.)
- I/We cannot attend, but would like to make a contribution to amfAR in the amount of US\$_____.

- A check made payable to amfAR in the amount of US\$_____ 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) / 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 _____ Security Code _____
- Signature _____ If corporate card, name of company _____

amfAR
MAKING AIDS HISTORY

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 Christina Christofi at +1.212.806.1611 or amfarnewyorkgala@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).