

# amfAR GALA NEW YORK 2018

to benefit amfAR, The Foundation for AIDS Research

**WEDNESDAY, FEBRUARY 7, 2018**

Cipriani Wall Street, New York City

## REGISTRATION FORM

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

amfargalanewyork@amfar.org  
+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 \_\_\_\_\_ Email (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 in 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 Co-Chair” listing in 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 \_\_\_\_\_ **BENEFACTOR PAIR(S)** at **\$25,000** (premier dinner seating for two guests, “Benefactor” listing in event program, “Event Co-Chair” listing in printed materials)
- 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 12, 2018. (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).