

amfAR Gala Hong Kong

to benefit amfAR, The Foundation for AIDS
Research **MONDAY, MARCH 25, 2019**

LEADERSHIP REGISTRATION FORM

FOR ALL PAYMENT
METHODS, PLEASE E-MAIL OR FAX
THIS FORM TO KAYLA YOUNG.

e: amfargalaHongKong@amfar.org
f: +1-917-591-8156

Contact Name _____

Guest Name, if different (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 OF AAB PRODUCTIONS AT aboose@aabproductions.com OR +1-212-219-0297, OR
JOSH WOOD OF JOSH WOOD PRODUCTIONS AT josh@joshwoodproductions.com OR +1-212-229-0718**

- I/We wish to reserve _____ **CHAIR** at **\$130,000 USD** *Please call for details and to confirm availability* (Prime, first choice dinner seating for 12 guests, "Chair" listing in event program and invitation, "Event Chair" listing on materials and press releases, additional benefits)
- I/We wish to reserve _____ **GRAND PHILANTHROPIST PACKAGE(S)** at **\$65,000 USD** *Please call for details and to confirm availability* (Prime dinner seating for 12 guests, "Grand Philanthropist" listing in event program and invitation, "Event Co-Chair" listing on materials and press releases, additional benefits)
- I/We wish to reserve _____ **GRAND BENEFACTOR PACKAGE(S)** at **\$40,000 USD** (Premium dinner seating for 10 guests, "Grand Benefactor" listing in event program, "Vice Chair" listing on materials and press releases)
- I/We wish to reserve _____ **BENEFACTOR PACKAGE(S)** at **\$25,000 USD** (Preferred dinner seating for 10 guests, "Benefactor" listing in event program)
- I/We wish to reserve _____ **PHILANTHROPIST TICKET(S)** at **\$7,000 USD** (Prime dinner seating for one guest, "Philanthropist" listing in event program)
- I/We wish to reserve _____ **PATRON TICKET(S)** at **\$5,000 USD** (Preferred dinner seating for one guest, "Patron" listing in event program)
- I/We wish to reserve _____ **SUPPORTER TICKET(S)** at **\$3,000 USD** (Dinner seating for one guest, "Supporter" listing in event program)
- I/We cannot attend, but would like to make a contribution to amfAR in the amount of \$ _____ HKD.

I am transferring funds in the amount of \$ _____ USD to Bank of America (100 West 33rd Street | New York, NY 10001 USA) for credit to amfAR, The Foundation for AIDS Research (Concentration Account)/ABA # 0260-0959-3/Account # 009427761547/Swift Code: BOFAUS3N Please

bill my AmEx Visa MasterCard in the amount of \$ _____ USD.

Credit Card Number _____ Expiration date _____ Security Code _____

Signature _____ If corporate card, name of company _____

amfAR requires all ticket and table purchases be paid in full prior to the amfAR Gala Hong Kong on March 25, 2019. Please note amfAR is unable to accept credit card payments or wire transfers originating in Mainland China. Your cooperation with and understanding of this policy is appreciated.