

amfAR Celebrity Poker Tournament

to benefit amfAR, The Foundation for AIDS Research

REGISTRATION FORM

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

amfarpokernight@amfar.org

+1.917.591.8156

NOVEMBER 15, 2019

**Private Residence
San Francisco, California**

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:
NICOLE JUDD AT nicole.judd@amfar.org or +1 212-806-1677 OR MIMI EAYRS OF JOSH WOOD PRODUCTIONS
AT mimi@joshwoodproductions.com or +1 917-399-0777**

- I/We wish to reserve _____ **HIGH ROLLER TABLE BUY-IN at \$75,000** Please call for details and to confirm availability.
(Poker tournament buy-in and dinner for ten guests, "Chair" listing in invitation, event program, press releases, and other materials)
- I/We wish to reserve _____ **TOURNAMENT TABLE BUY-IN at \$25,000** Please call for details and to confirm availability.
(Poker tournament buy-in and dinner for ten guests, "Co-Chair" listing in invitation, event program, press releases, and other materials)
- I/We wish to reserve _____ **POKER TOURNAMENT TICKET(S) BUY-IN at \$2,500**
(Poker tournament buy-in and dinner for one guest, "Co-Chair" listing in event program)
- I/We wish to reserve _____ **NON-PLAYING GUEST TICKET(S) at \$1,500**
(Dinner for one guest)
- I/We cannot attend, but would like to make a contribution to amfAR in the amount of \$_____.

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- 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 / One Bryant Park / New York, NY 10036 / 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 _____

All ticket and table purchases must be paid in full by Friday, November 8, 2019, in order to participate in the tournament.

amfAR
MAKING AIDS HISTORY

You may mail payment to amfAR | 120 Wall Street | 13th Floor | New York, NY 10005-3908, USA.
For information about tax deductibility, please contact Tricia Courtney at +1 212-806-1719 or amfarpokernight@amfar.org.