

# amfAR Gala Milano

to benefit amfAR, The Foundation for AIDS Research

**SATURDAY, SEPTEMBER 21, 2019**

Palazzo Mezzanotte, Piazza Degli Affari 6, Milano

## REGISTRATION FORM

FOR ALL PAYMENT METHODS,

PLEASE EMAIL THIS FORM TO

[amfarmilano@amfar.org](mailto:amfarmilano@amfar.org)

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 AT [aboose@aabproductions.com](mailto:aboose@aabproductions.com) OR +1.212.219.0297, OR CAROLINA NERI AT [carolina@carolinaneri.com](mailto:carolina@carolinaneri.com) OR +39 02 36 51 25 25.**

### I/WE WISH TO RESERVE:

\_\_\_ **GRAND PHILANTHROPIST PACKAGE(S)** at **€40,000**

(prime, first choice, dinner seating for 12 guests, "Grand Philanthropist" listing in event program, "Event Chair" listing in materials and press releases, additional benefits)

\_\_\_ **GRAND BENEFACTOR PACKAGE(S)** at **€25,000**

(premium dinner seating for 10 guests, "Grand Benefactor" listing in event program, "Event Co-Chair" listing in materials, additional benefits)

\_\_\_ **BENEFACTOR PACKAGE(S)** at **€17,500**

(preferred dinner seating for 10 guests, "Benefactor" listing in event program)

\_\_\_ **BENEFACTOR "PAIR"** at **€10,000**

(prime dinner seating for two guests, "Benefactor" listing in event program)

\_\_\_ **PATRON TICKET(S)** at **€2,500**

(preferred dinner seating, "Patron" listing in event program)

\_\_\_ **SUPPORTER TICKET(S)** at **€1,750**

(dinner seating, "Supporter" listing in event program)

- I/We cannot attend, but would like to make a contribution to amfAR in the amount of \_\_\_\_\_.

- A check made payable to amfAR in the amount of \$ \_\_\_\_\_ is enclosed.

- Please bill my  AmEx  Visa  MasterCard in the amount of € \_\_\_\_\_.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ If corporate card, name of company \_\_\_\_\_

- I am transferring funds in the amount of € \_\_\_\_\_ 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

**amfAR**  
MAKING AIDS HISTORY

Checks made payable to amfAR may be mailed to amfAR/amfAR Milano, 120 Wall Street, 13th Floor, New York, NY 10005. For further information, please contact [amfarmilano@amfar.org](mailto:amfarmilano@amfar.org). All tickets are non-refundable. Payments in excess of \$550 per person and contributions in return for which no goods or services were received are tax deductible as charitable contributions (amfAR's Tax ID #13-3163817).