

REGISTRATION FORM



SPONSORSHIP

Name _____

Company _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____

Email _____

PLEASE SELECT A SPONSORSHIP LEVEL

- | | |
|-----------------------------------|----------|
| <input type="checkbox"/> DIAMOND | \$15,000 |
| <input type="checkbox"/> PLATINUM | \$10,000 |
| <input type="checkbox"/> GOLD | \$5,000 |
| <input type="checkbox"/> WINE | \$3,000 |
| <input type="checkbox"/> SILVER | \$2,500 |
| <input type="checkbox"/> MEDIA | \$2,000 |
| <input type="checkbox"/> BRONZE | \$1,000 |

REGISTRATION

Contact Name _____ Company _____

Address _____ Telephone _____

City _____ Province _____ Postal Code _____

PLEASE RESERVE

- ☐ VIP Table(s) _____ (Table of 10 guests) (\$2,000)
- ☐ Regular Table(s) _____ (Table of 10 guests) (\$1,000)
- or _____ tickets at \$150 per person \$ _____

(An official receipt will be issued for the donation portion of the fee) | Business No. 10747 6053 RR0001

PLEASE INDICATE YOUR METHOD PAYMENT (TICKETS TO FOLLOW):

☐ VISA ☐ MASTERCARD ☐ CHEQUE

VISA/MC No. _____ Expiry Date: Month _____ Year _____

Cardholder's Name _____ Signature _____

For your seat reservations, please indicate first and last names and addresses for individual tax receipts. Tax receipts will be issued according to Canada Customs and Revenue Canada Rules and Regulations.

Kindly contact **Patty Agrapidis** at pagrapidis@hellenichome.org or at **416-654-7718 ext. 2228** to reserve your table or sponsorship.