

Reid & Fiorentino Events - TICKET PACKAGE REQUEST FORM



ACORDIS CALL OF THE GAME DINNER

– Sat., March 9th 2019 at Turnberry Isle Miami Ballroom

CELEBRITY GOLF CLASSIC

– Mon., March 11th 2019 at Turnberry Isle Miami Golf Courses

Benefiting: Lauren's Kids & Dade Schools Athletic Foundation

CONTACT INFORMATION:

First/Last Name:			
Company Name:		Title:	
Address:		City:	State: Zip Code:
Phone:	Fax:	Email:	

"ACORDIS CALL OF THE GAME DINNER" (Sat., March 9th 2019)

Gold Table of ten (10)	Ten (10) seats at the dinner with one (1) celebrity and guest at table "or" table of twelve (12); preferred seating; name/logo listed in program; centerpiece	\$ 5,500		\$
Silver Table of ten (10)	Ten (10) seats at the Dinner	\$ 3,250		\$
Individual Seat(s)	One (1) seat at a table to the Dinner	\$ 350		\$

*UPON RECEIPT OF FORM, WE WILL SEND YOU AN EMAIL CONFIRMATION THAT YOU CAN FAX BACK WITH THE NAMES OF YOUR DINNER GUESTS

"CELEBRITY GOLF CLASSIC" (Mon., March 11th 2019)

OPTIONS	DESCRIPTION	PRICE	QUANTITY	SUBTOTAL
Golf Foursome	Four (4) players with one (1) celebrity player	\$ 3,500		\$
Individual Golfer	One (1) player to be paired with 3 other players and one (1) celebrity player	\$ 900		\$

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MVP Golf & Dinner Package	One (1) Golf Foursome & One (1) Silver Table	\$6,000		\$
Sponsorship Opportunities	I am interested in becoming a sponsor at either the Platinum or All-Star Level. Please contact me.	Check Box	<input type="checkbox"/>	\$

AD & Tee Sign

Full Page Program Ad	Full Page ad in the Call of the Game Dinner Official Program (ad specs will be sent upon receipt of form)	\$ 500		\$
Half Page Program Ad	Half Page ad in the Call of the Game Dinner Official Program (ad specs will be sent upon receipt of form)	\$ 250		\$
Tee Sign	Company Name or Logo on one (1) dedicated tee sign on golf course at Celebrity Golf Classic	\$ 300		\$

No, I will not be able to attend. Please accept my donation to the Reid & Fiorentino Events: \$

GRAND TOTAL: \$ _____

PAYMENT INFORMATION:

- Enclosed is my check payable to Lauren's Kids
 Charge my Credit Card (circle one): AMEX VISA MC

Credit Card No.	Expiration Date:		
Signature	Security Code:		
Billing Address:	City:	State:	Zip Code:

Thank you for your support

Please mail or fax this form and payment by March 1, 2019 to:

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