

Name _____

Company Name _____

Address _____ City _____

State, Zip _____ E-mail _____

Phone _____ Fax _____

TICKET RESERVATIONS

MAIN FLOOR \$200 Each _____ # of tickets

- Full Hosted Bar & Gourmet Food Stations 7:30pm - 11:00pm

MAIN FLOOR/ PRIVATE LOGE \$250 Each _____ # of Tickets

- Full Hosted Bar & Gourmet Food Stations 7:30pm – 11:00pm
 - Access to Private Seating in Loge Area

VIP BALCONY \$550 Each _____ # of Tickets

- Full Hosted Bar, Gourmet Carvery & Food Stations 7:30pm – 2:00am
 - VIP Access to Balcony
 - Commemorative Photo Booth Picture
 - Extra VIP Entertainment

For Sponsorships, Ticket Packages and VIP Balcony Box Reservations and information please contact
Sheila@diocancerfund.org or check www.diocancerfund.org/events for details.

SOUVENIER PROGRAM ACKNOWLEDGEMENTS OR ADVERTISEMENTS - AD DEADLINE OCT. 15, 2012

<input type="checkbox"/> INSIDE FRONT COVER \$5,500	<input type="checkbox"/> INSIDE BACK COVER \$4,000	<input type="checkbox"/> BACK COVER (color) \$6,000
<input type="checkbox"/> BACK COVER (b/w) \$5,000	<input type="checkbox"/> FULL COLOR PAGE \$3,500	<input type="checkbox"/> PLATINUM PAGE \$3,000
<input type="checkbox"/> GOLD PAGE \$2,500	<input type="checkbox"/> SILVER PAGE \$2,000	<input type="checkbox"/> BRONZE PAGE \$1,500
<input type="checkbox"/> B/W PAGE \$2,500	<input type="checkbox"/> HALF PAGE \$700	<input type="checkbox"/> QUARTER PAGE \$500

Souvenir Journal is 8.5 x 11 trim. Page size is 8x10.5. No Bleeds. Please provide 300dpi PDF File on disk or e-mail to nijidiana@aol.com

The Ronnie James Dio Stand Up and Shout Cancer Fund is a 501(c)(3) non-profit organization. Federal Tax ID# 27-2767949. Tax letter will be sent following purchase listing tax-deductible portion of your contribution.

PAYMENT ARRANGEMENTS

Make checks payable to Ronnie James Dio Stand Up and Shout Cancer Fund

Sorry, I am unable to attend. Please accept my donation to RJD SJUAS Cancer Fund in the amount of \$ _____

Check \$ _____ Charge Amount \$ _____ American Express Visa MasterCard

Card Number _____ Exp Date _____ CID# _____

Name _____ Signature _____

(PRINT NAME EXACTLY AS IT APPEARS ON CARD)

For further information TEL (818) 980-1942 e-mail Sheila@diocancerfund.org FAX (818) 980-3084
12400 Ventura Boulevard Suite 837 Studio City California 91604

www.diocancerfund.org