

*Sponsorship Levels 2021*

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\_\_\_\_ Table Sponsor \_\_\_\_ Star Page \_\_\_\_ Full Page \_\_\_\_ Half Page \_\_\_\_ Quarter Page

Individual Seating (\$150) per person \_\_\_\_\_ (Number of attendees)

***List guest name and meal choice on back***

**Reserve your seat by Friday, October 29 2021**

\_\_\_\_ I am unable to attend but wish to make a contribution of \$ \_\_\_\_\_

For the Program Book, please send a camera ready copy of the following message by **October 25, 2021**

\*To be considered a tax deductible contribution, camera ready copy or message must either include a statement of thanks, support, or recognition of the Epilepsy Foundation of Connecticut's efforts, the honoree, committee, etc.

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

Make your tax-deductible check payable to: Epilepsy Foundation of Connecticut, Inc.  
386 Main Street Middletown, Connecticut 06457-3360  
Phone: 860.346.1924.

## *Guests and Dinner Choices*

Please list each guests name and meal choice. Please return by **Friday, October 29 2021**

Meal Choice: New York Strip Sirloin; Baked Scrod; Chicken Florentine or Vegetarian Lasagna

Name

Meal Choice

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_