

Sponsorship Levels 2016

_____ Dinner Sponsor _____ Spotlight Sponsor _____ Table Sponsor
_____ Star Page _____ Full Page _____ Half Page _____ Quarter Page

Individual Seating (\$100) per person _____ (Number of attendees)

List guest name and meal choice on back

Reserve your seat by Friday, October 28, 2016

_____ 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 28, 2016**

*To be considered a charitable 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 28, 2016**

Meal Choice: New York Strip Sirloin; Baked Stuffed Jumbo Shrimp; Chicken Florentine or Vegetarian

Name

Meal Choice

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____