

Children's Cancer Fund
Seventeenth Annual Teddy Bear Ball
March 21, 2009

RSVP AND JOURNAL PARTICIPATION DEADLINE: MARCH 6, 2009

Contact Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Telephone: _____ Fax: _____

GUEST TICKETS

Please reserve _____ guest tickets at \$250 per person.*
(Please see below for package options.)

Please reserve _____ guest tickets at \$125 per person.*
(For patients and their parents only)

I am unable to attend, but would like to make a donation of \$ _____.

DINNER/JOURNAL PACKAGES

- | | |
|--|---------|
| <input type="checkbox"/> Back Cover and 2 tables of 10 guests* | \$8,000 |
| <input type="checkbox"/> Inside Front Cover and 2 tables of 10 guests* | \$7,500 |
| <input type="checkbox"/> Inside Back Cover and 2 tables of 10 guests* | \$7,000 |
| <input type="checkbox"/> Full Page and 1 table of 10 guests* | \$3,250 |

JOURNAL ADVERTISING

- | | |
|--|--------------|
| <input type="checkbox"/> Full Page (7.5" x 10") | \$1,000 |
| <input type="checkbox"/> Half Page (7.5" x 4.5") | \$500 |
| <input type="checkbox"/> Quarter Page (3.5" x 4.5") | \$250 |
| <input type="checkbox"/> Business Card (3.5" x 2") | \$150 |
| <input type="checkbox"/> Special Tribute to Dr. Jayabose | \$100 |
| <input type="checkbox"/> In Memory of <i>(25 word maximum-please attach)</i> | \$50 |
| <input type="checkbox"/> In Honor of <i>(25 word maximum-please attach)</i> | \$50 |

AD SUBMISSION GUIDELINES:

Please submit camera-ready artwork or clearly typed or printed text. Digital files will be accepted in the following formats:

- High-quality PDF
- Microsoft Word
- Quark XPress (Macintosh)
- Illustrator
- JPEG (600 dpi or higher).

Any included graphics and/or fonts must be supplied.

Amount enclosed and payable to *Children's Cancer Fund*: \$ _____

***PLEASE LIST ALL GUESTS IN YOUR PARTY
(INCLUDING YOURSELF) ON REVERSE SIDE**

GUEST LIST (10 GUESTS PER TABLE MAXIMUM)

Please provide your name(s) and the names of your guests and choice of entrée(s):

	Pan Seared Filet Mignon	Chicken Provençale	Maple Ginger Glazed Salmon	Vegetarian Selection
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

Please return this form, journal advertisement materials, and payment to:

Children's Cancer Fund
c/o Amy Murphy
54 Danbury Road, Box 347
Ridgefield, CT 06877

For credit card payments or more information:

Amy Murphy, Administrative Coordinator
Telephone: (203) 979-6404 • Fax: (203) 621-3335
Email: cfconsultingllc@hotmail.com

*The Children's Cancer Fund is a not-for-profit charitable 501(c)(3) corporation.
Contributions are tax-deductible to the fullest extent of the law.*

www.childrenscancerfund.org