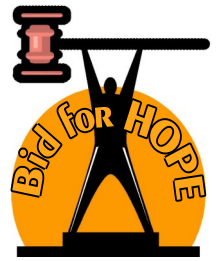




# 2010 BID FOR HOPE REGISTRATION FORM



**PLEASE RETURN THIS FORM TO:**

**Bid for HOPE Event Coordinator, 1140 E. Northwest Hwy. Palatine, IL 60074**

## SPONSORS

*IF SPONSORING PLEASE RETURN THIS FORM NO LATER THAN OCTOBER 15TH*

- \_\_\_ **Believe** ♦ \$1,000 ♦ includes recognition, 2.5x4 1/4 page ad in the Program Guide, plus 4 tickets  
 \_\_\_ **Aspire** ♦ \$1,500 ♦ includes recognition, 5x4 1/2 page ad in the Program Guide, plus 6 tickets  
 \_\_\_ **Dream** ♦ \$2,500 ♦ includes recognition, 5x8 full page ad in the Program Guide, plus 10 tickets  
 \_\_\_ **Hope** ♦ \$5,000 ♦ includes recognition, 5x8 inside front cover ad in the Program Guide, plus 20 tickets

## MONETARY DONATIONS

\_\_\_ I would like to make a donation to support the event in the amount of \$ \_\_\_\_\_

DONATIONS WILL BE LISTED IN THE PROGRAM GUIDE

## PROGRAM GUIDE ADVERTISING

All submissions must be copy ready: TIF, GIF, or .JPEG with embedded fonts. Email ads to [l.rosales@padstohope.org](mailto:l.rosales@padstohope.org) no later than October 15th.

- \_\_\_ Full Page \$125 (5x8)      \_\_\_ Outside Back Cover \$750 (5x8)  
 \_\_\_ Half Page \$75 (5x4)      \_\_\_ Inside Back Cover \$500 (5x8)  
 \_\_\_ Quarter Page \$50 (2.5x4)

## TICKETS

### EARLY BIRD

*Must be postmarked on or before Sept.15*

\_\_\_ I would like to purchase \_\_\_ *early bird* individual tickets at \$100 each

\_\_\_ I would like to purchase \_\_\_ volunteer tickets at \$75 each  
*(this discount is available to current PADS and HOPE Center volunteers & one guest ONLY)*

**TICKETS ARE PICKED UP AT THE DOOR**

### REGULAR

*Registrations postmarked after Sept.15 & at the door*

\_\_\_ I would like to purchase \_\_\_ *regular* individual tickets at \$125 each

\_\_\_ I would like to purchase \_\_\_ volunteer tickets at \$75 each  
*(this discount is available to current PADS and HOPE Center volunteers & one guest ONLY)*

**TICKETS ARE PICKED UP AT THE DOOR**

## REGISTRANT INFORMATION

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Street: \_\_\_\_\_

City/Zip: \_\_\_\_\_

\*\*Email: \_\_\_\_\_

*IF YOU ARE ORDERING TICKETS FOR MORE THAN ONE PERSON, YOU MUST PROVIDE NAME, ADDRESS, PHONE, AND EMAIL FOR ALL REGISTRANTS IN THE BOXES ON THE BACK SIDE OF THIS FORM*

*Please make checks payable to:*

Journeys from PADS to HOPE

*All credit card payments must include full contact details.*

**Charge my credit card (Visa, Mastercard, Discover, or American Express):**

Card No \_\_\_\_\_

Total Amount \$ \_\_\_\_\_ Exp Date Month \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Street \_\_\_\_\_

City/Zip \_\_\_\_\_

Email \_\_\_\_\_

*ALL fields in this box are mandatory*

*\*\*Email is important! We send newsletters, event announcements, and other agency updates via email. We will not give your information to anyone else.*

**REGISTRANT INFORMATION**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
\*\*Email: \_\_\_\_\_

**REGISTRANT INFORMATION**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
\*\*Email: \_\_\_\_\_

**REGISTRANT INFORMATION**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
\*\*Email: \_\_\_\_\_

**REGISTRANT INFORMATION**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
\*\*Email: \_\_\_\_\_

**REGISTRANT INFORMATION**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
\*\*Email: \_\_\_\_\_

**REGISTRANT INFORMATION**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
\*\*Email: \_\_\_\_\_

**REGISTRANT INFORMATION**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
\*\*Email: \_\_\_\_\_

**REGISTRANT INFORMATION**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
\*\*Email: \_\_\_\_\_

**REGISTRANT INFORMATION**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
\*\*Email: \_\_\_\_\_

**REGISTRANT INFORMATION**

Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
\*\*Email: \_\_\_\_\_

*\*\*Email is important! We send newsletters, event announcements, and other agency updates via email. We will not give your information to anyone else.*