

Name _____

I would be delighted to attend

Passport to Wines Around the World

Enclosed is my check or credit card payment in the amount of \$50 per person.

_____ of reservations

Please list names of attendees

Sponsorship Opportunities

_____ *Master Sommelier* **\$5,000**

- 16 Event Admissions and 2 Reserved Tables
- 6 Invitations To Exclusive Sponsor Pre-Event Wine Tasting
- Preferred Parking & Express Check-In
- Pre and Post Event Publicity, Program Listing and Table Signage During the Event

_____ *Advanced Sommelier* **\$2,500**

- 8 Event Admissions and 1 Reserved Table
- 4 Invitations To Exclusive Sponsor Pre-Event Wine Tasting
- Preferred Parking & Express Check-In
- Pre and Post Event Publicity, Program Listing and Table Signage During the Event

_____ *Certified Sommelier* **\$1,500**

- 8 Event Admissions and 1 Reserved Table
- 2 Invitations to exclusive Sponsor pre-event wine tasting
- Preferred Parking & Express Check-In
- Pre and Post Event Publicity, Program Listing and Table Signage During the Event

_____ *Sommelier* **\$500**

- 4 Event Admissions with Reserved Seating
- Pre and Post Event Publicity, Program Listing and Table Signage During the Event

I am unable to attend but I would like to make a donation in the amount of \$ _____

Make checks payable to Aging Matters In Brevard
If paying by credit card, please complete the information
on this card or call 321-639-4868, ext 225.

For sponsorships, please list your name as you
would like it to appear in promotional material.

For sponsorships, please return this card by April 13, 2012.

Name on Credit Card _____

Billing Address _____

City _____ ST _____ Zip _____

Phone Number _____ Email _____

Credit Card Number _____

(Visa, MaserCard, Discover, American Express)

Expiration Date _____ Security Code _____

Signature _____

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