An Evening of Outstanding Achievement



*Presented by CREW Dallas*

Wednesday, September 10, 2014

Cocktail Reception 6:00-7:00, Dinner and Program 7:00-8:30

Belo Mansion 2001 Ross Ave, Dallas, TX

**Presenting Sponsor $15,000**

* Two Tables of 10, Two drink tickets per person
* 20 Tickets to attend the VIP reception from 5:30-6:30
* One Full Page Advertisement in the Printed Program
* Opportunity to place company promotional materials on the chairs of the attendees
* Opportunity to address attendees from the podium for 4 minutes
* Event Signage
* Photo opportunity with the Keynote Speaker; Brad Montgomery

**Table Sponsors $2,500**

* One Table of 10, Two drink tickets per person
* Two VIP tickets to attend the VIP reception from 5:30-6:30
* Table Signage
* Event Signage

**Individual Table $1,500**

* One Table of 10

**Half Table $750**

* 5 seats at a Reserved Table

**Individual Tickets**

* $100 for CREW Members, $75 for Associate Members
* $150 for Non CREW Members

 Company Name (Please write as it should appear in printed materials): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please check one of the following:**

I will use this as my invoice. Full payment must be received by September 1, 2014.

Top of Form

Enclosed is my check for $\_\_\_\_\_\_\_\_\_\_made payable to CREW Dallas

Bottom of Form

Top of Form

Mastercard Visa American Express Bottom of FormCard Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date: \_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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