

amfAR Cinema Against AIDS 22

to benefit amfAR, The Foundation for AIDS Research

THURSDAY, MAY 21, 2015

Hôtel du Cap-Eden-Roc, Cap d'Antibes, France

REGISTRATION FORM

FOR ALL PAYMENT METHODS,
PLEASE EMAIL OR FAX
THIS FORM TO

e: CinemaAgainstAIDS@amfar.org

f: +1.917.591.8156

Name (as it should appear on printed materials) _____

Company _____ No listing please.

Address _____

City _____ State/Country _____ Zip/Postal Code _____

Telephone _____ Fax _____ E-mail (required) _____

FOR INFORMATION ON CORPORATE SPONSORSHIP PACKAGES, PLEASE CONTACT ANDREW BOOSE AT
_____ OR _____

- I/We wish to reserve _____ **GRAND PHILANTHROPIST PACKAGE(S)** at **\$275,000**
(prime, first choice dinner seating for 12 guests, Co-Chair listing for one individual in event program)
- I/We wish to reserve _____ **GRAND BENEFACTOR PACKAGE(S)** at **\$200,000**
(premium dinner seating for 10 guests, Vice Chair listing for one individual in event program)
- I/We wish to reserve _____ **BENEFACTOR PACKAGE(S)** at **\$150,000**
(preferred dinner seating for 10 guests, "Benefactor" listing in event program)
- I/We wish to reserve a _____ **BENEFACTOR "PAIR"** at **\$60,000**
(prime dinner seating for two guests, "Benefactor" listing in event program, Vice-Chair listing for one individual in event program)
- I/We wish to reserve _____ **PATRON TICKET(S)** at **\$20,000**
(preferred dinner seating, "Patron" listing in event program)
- I/We wish to reserve _____ **SUPPORTER TICKET(S)** at **\$15,000**
(dinner seating, "Supporter" listing in event program)
- I/We cannot attend, but would like to make a contribution to amfAR in the amount of US\$_____.

Prices subject to change. If you'd like to reserve, please call to confirm pricing and availability. Grand Benefactor and Benefactor Packages can accommodate up to 12 guests at an additional cost, for more information please contact Christina Christofi.

- A check made payable to amfAR in the amount of US\$_____ is enclosed.
 - I am transferring funds in the amount of US\$_____ to Bank of America / 100 West 33rd Street / New York, NY 10001/ USA / for credit to The Foundation for AIDS Research (Concentration Account)/ ABA # 0260-0959-3 / Account # 009427761547 / Swift Code: BOFAUS3N
 - Please bill my AmEx Visa MasterCard Discover in the amount of US\$_____.
- Credit Card Number _____ Expiration date _____ SEC _____
- Signature _____ If corporate card, name of company _____

amfAR
MAKING AIDS HISTORY

Checks made payable to amfAR may be mailed to amfAR/Cinema Against AIDS, 120 Wall Street, 13th Floor, New York, NY 10005. For further information, please contact Christina Christofi at CinemaAgainstAIDS@amfar.org or +1.212.806.1611. All tickets are non-refundable. For U.S. residents, \$500 of each ticket is a non-tax-deductible charge for food, beverage, and entertainment. Payments in excess of \$500 per person and contributions in return for which no goods or services were received are tax deductible as a charitable contribution (amfAR's Tax ID 13-3163817).

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