



Alliance for Character in Education
 1040 Thacker Street
 Des Plaines, Illinois 60016
 t: 847.298.0170
 f: 847.298.0172 Attn: Development Office

Reservation and Advertisement Order Form

****Now available-Register and Pay Online at www.VisionInEducation.org****

Please return this form to Alliance for Character in Education or register online by Friday, February 19, 2010

1. Contact Information

Name: _____ Title: _____
 Business Name: _____ Telephone: _____
 Address: _____ Email: _____
 City, State, Zip: _____ Fax: _____

2. Sponsorship and Reservations

- Host Table (priority seating for table of ten) at \$10,000
- Patron Table (preferred seating for table of ten) at \$5,000
- Sponsor Table (prime seating for table of ten) at \$3,000
- Individual Dinner Reservations at \$275 per person (Number to attend _____)

Total Sponsorship/Reservation Amount \$ _____

Names of attendees

If you do not know your guest names at this time please email JGoril@Alliance4Character.org or call 847.298.0170 Option 7 with the names by Wednesday, February 24 at 3:00pm.

_____	_____
_____	_____
_____	_____
_____	_____

3. Program Book Advertisement Submission Specifications

(Please submit ads by Wednesday, February 17, 2010)

Program Book Ad Sizes (in inches h x w)		
Full Page	Half Page	Quarter Page
7.5 x 6	3.5 x 6	3.75 x 2.75
	7.5 x 2.75	

___ I am sending my digital ad to JGoril@alliance4character.org.
 (formats: .pdf, .eps or .ai)

___ Please use the same ad as last year.
 (We may need to send it to you for resizing)

Program Book Ad Prices (circle your choice)

	Full	Half	Qtr
Color (inside cover/centerfold)	\$2,000	n/a	n/a
Color	\$1,500	\$750	\$325
Black/White	\$1,000	\$500	\$250

Total Advertisement Amount \$ _____

4. Monetary Donation: I wish to support this event's scholarship fund with a donation of \$ _____

5. Purchase Information

Register and Pay Online at www.VisionInEducation.org OR

___ A check for the total amount due is enclosed. (payable to: Alliance for Character in Education)

Credit Card Payment: (Circle one) Visa MasterCard Discover

Acct # _____ Exp _____ CID _____

Billing Address and Zip Code _____

Total amount due \$ _____
