

amfAR Gala São Paulo 2018

to benefit amfAR, The Foundation for AIDS Research

FRIDAY, APRIL 13, 2018

REGISTRATION FORM

FOR ALL PAYMENT METHODS,

PLEASE EMAIL

THIS FORM TO:

amfarsaopaulo@amfar.org

Information marked with an asterisk (*) is required.

*Contact Name _____

Guest Name, if different (as it should appear on printed materials) _____

Company _____ No listing please.

*Address _____

*City _____ *State/Country _____ *Zip/Postal Code _____

*Telephone _____ *E-mail _____

PLEASE CHOOSE YOUR LEVEL OF SUPPORT FROM THE FOLLOWING OPTIONS:

TABLES

____ **HOST (\$100,000)**

- Listing in printed and electronically delivered materials
- Listing on event page at www.amfar.org
- Premier gala dinner seating with one table for 12 guests

____ **VICE CHAIR (\$50,000)**

- Listing in printed and electronically delivered materials
- Listing on event page at www.amfar.org
- Prime gala dinner seating with one table for 10 guests

____ **GRAND BENEFACTOR (\$30,000)**

- Listing in event program
- Preferred gala dinner seating with one table for 10 guests

____ **BENEFACTOR (\$15,000)**

- Gala dinner seating with one table for 10 guests

TICKETS

____ **HOST (\$10,000)**

- Listing in printed and electronically delivered materials
- Listing on event page at www.amfar.org
- Premier gala dinner seating for one guest

____ **VICE CHAIR (\$5,000)**

- Listing in printed and electronically delivered materials
- Listing on event page at www.amfar.org
- Prime gala dinner seating for one guest

____ **GRAND BENEFACTOR (\$3,000)**

- Listing in event program
- Preferred gala dinner seating for one guest

____ **BENEFACTOR (\$2,000)**

- Gala dinner seating for one guest

____ I/We wish to purchase _____ **FULL-PAGE AD(S)** at **\$10,000**

Payment must be made in full when reserving your ad, and the final, print-ready ad must be received by 10 AM EST on Friday, March 9, 2018. (Someone from amfAR will email you the ad specs upon receipt of this registration form.)

- I/We cannot attend, but would like to make a contribution to amfAR in the amount of US\$ _____.
 - 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 _____ Security Code _____
- Signature _____ If corporate card, name of company _____

You may mail payment to amfAR Gala São Paulo / amfAR, 120 Wall Street, 13th Floor, New York, NY 10005-3908, USA, or fax this form to +1 (917) 591-8156. For further information, please contact Danielle Shapiro at +1.212.806.1612 or amfarsaopaulo@amfar.org.

amfAR
MAKING AIDS HISTORY

For those purchasing event tickets and/or tables, who reside in countries where tax deductions are applicable, payments in excess of \$400 per person are tax-deductible as charitable contributions. Contributions in return for which no goods or services were received are tax-deductible as charitable contributions (Tax ID #13-3163817). A copy of amfAR's latest annual report may be obtained, upon request, from amfAR or from the New York State Attorney General's Charities Bureau, 120 Broadway, New York, NY 10271.