



Women of Achievement Awards Gala
June 13, 2016
Edison Ballroom, NYC

Yes, I wish to support WP Theater and the Women of Achievement Awards Gala! Please Reserve:

Tables:

___ Gold Table - \$25,000

You will be recognized on the gala invitation*, website & event program as a gala Co-Chair.

Added benefits include:

- Co-Chair dinner table for 12 guests, with the highest priority seating
- VIP cocktail reception with honorees, for 12 guests
- Acknowledgement from the stage
- Full page ad & special recognition in Gala Program and materials
- Name/logo & Co-Chair recognition on displays

___ Silver Table - \$15,000

You will be recognized on the gala invitation*, website & event program as a gala Vice-Chair.

Added benefits include:

- Vice-Chair dinner table for 10 guests, with VIP seating
- VIP cocktail reception with honorees for 10 guests
- Half page ad & special recognition in Gala Program and materials
- Name/logo & Vice-Chair recognition on displays

___ Bronze Table - \$10,000

- Dinner table for 10 guests, with premium seating
- Cocktail reception for 10 guests
- Half page ad & special recognition in Gala Program and materials

Tickets:

___ Bronze Ticket - \$1,000

- Dinner ticket for 1 guest, with premium seating
- Cocktail reception
- Recognition in the Gala Program

___ Gala Ticket - \$750

- Dinner ticket for 1 guest
- Cocktail reception
- Recognition in the Gala Program

Gala Program Ads*:

___ Full Page Premium Ad - \$2,500

___ Full Page Ad - \$1,500

___ Half Page Ad - \$1,000

Please select how you would like to submit your ad content.

___ I will email artwork to RSVP@Womensproject.org
Please supply hi-res files (300dpi), CMYK, with supplied fonts (or fonts converted to outlines). We accept PDF, jpg, indd, ai, eps, and Photoshop files.

___ I would like some help creating content. Please call or email me to discuss.

**Deadline for invitation listing is April 11, 2016.

*Deadline for Gala Program submissions is May 16, 2016.

Please complete payment and contact information below.

Name as you'd like it to appear in the Gala Program:

Email: _____ Phone: _____

PAYMENT OPTIONS:

____ Please charge my credit card for \$ _____. OR ____ Enclosed is my check for \$ _____.
Please make checks payable to Women's Project & Productions, Inc.

Credit Card #: _____ ex: ____/____ Security code: _____

Name (as on credit card): _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____

Please return this form with your payment to
Women's Project Theater
55 West End Avenue
New York, NY 10023

You may also send this reservation form to RSVP@Womensproject.org.
For more information, please call (917) 818-0572 or visit www.womensproject.org.

Your contribution is tax-deductible according to law.

Thank you for your generous contribution!