

Name/Company/Organization (please print)

Address

City State Zip

Phone Email

Contact Name Phone Email

Participant Levels

Artwork for sponsor ads is due by September 12, 2017. See back for ad sizes.

- Platinum \$5000** Two tables for 10, full page ad in event program*
- Gold \$2000** One table for 10, 3/4 page ad in event program*
- Silver \$1000** One table for 10, 1/2 page ad in event program*
- Bronze \$600** One table for 10, & 1/4 page ad in event program*
- Advertiser \$350** Two individual reservations, & 1/4 page ad in event program*
- Friend** - Please accept my donation of \$ _____
- Please accept my sponsorship (noted above) but keep my name/sponsorship anonymous

*All sponsors are listed on the event slideshow, CincinnatiRighttoLife.org, and in a Right to Life Newsletter following the event unless anonymity is requested.

Guest List

Please complete the attached guest list and **mail, email, or fax to the Right to Life office before October 5, 2017.** Contact our office with any questions. Phone:513-728-7870, email:mail@cincinnatirighttolife.org, fax:513-728-7870.

- Guest list is attached
- Guest list will be mailed, emailed, or faxed
- We will not be able to attend, please fill our table(s)

Program Ad

To ensure time to include your ad in the program, **please send artwork by September 11, 2017.** If you have questions regarding your ad, please contact Karen Byrne, 513-728-7870, ext. 206, kbyrne@cincinnatirighttolife.org.

Please choose one:

- Logo/artwork enclosed
- Logo/artwork to be emailed
- Please design our ad for us

- Ads may be for a specific company, organization or family, convey a pro-life message, or both.
- RTL can design program advertisements, or you may provide your own ad layout or original art work that can be scanned. All ads will be printed in black & white and may be edited for clarity.
- If you want to use your logo in your ad, please send high resolution art (300 dpi or higher) on disc or by email in either a digital format (jpeg, eps, or tiff) or as a clear hard copy that can be scanned.
- We will contact you if any difficulties arise with your art.

Full page
5.5" w x 8.5" h

1/2 page
5.5" w x 4.25" h

3/4 page
5.5" s x 8.5" h

1/4 page
5.5" w x 2.125" h



Evening for Life 2017

Guest List

Please return this form by October 5, 2017

Name/Company/Organization (please print) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Contact Name _____ Phone _____ Email _____

Please provide the following information for your guests:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Name: _____ Phone: _____

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Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Please list any special dietary needs: (vegetarian & gluten free options will be available on the buffet)