ACADEMY AWARDS VIEWING PARTY MARCH 2, 2025 TICKET REQUEST FORM



DONOR NAME (AS	IT SHOULD APPEAR	ON PRINTED MATERIALS	3)			L] NO L	STING
CONTACT PERSON	(IF DIFFERENT FRO	DM ABOVE)					
COMPANY							
ADDRESS							
CITY			STATE	ZIP/POSTCODE	COUNTRY		
TELEPHONE			EMAIL				
PLEASE SELECT	T YOUR TABL	E LEVEL					
Prime dinner sea	SENTING SPONSOR PACKAGE \$325,000 e dinner seating for twenty (20) guests, PRESENTING SPONSOR listing on program ram deadline Jan. 25), logo on media backdrop, prominent double-page ad in program.				\$325,000 per package	= \$	
Prime dinner sea	SPONSOR PACKAGE \$200,000 ne dinner seating for ten (10) guests, CO-SPONSOR listing on program (program deadline Jan. 25), nium double-page ad in program.				\$200,000 per package	= \$	
Prime dinner sea	SSOCIATE SPONSOR PACKAGE \$110,000 ime dinner seating for ten (10) guests, ASSOCIATE SPONSOR listing on program (program deadline Jan. 25), II-page ad in program.					= \$	
Premium dinner	BENEFACTOR PACKAGE \$80,000 Premium dinner seating for ten (10) guests, BENEFACTOR listing in program, full-page ad in program (program deadline Jan. 25).				\$80,000 per package	= \$	
HOST PACKAGE \$65,000 Dinner seating for ten (10) guests, HOST listing in program (program deadline Jan. 25).					\$65,000 per package-	= \$ SO	LD OUT
PLEASE SELECTION OF THE PLEASE	CT YOUR TICK	ET LEVEL					
Premium dinner (program deadl	GRAND BENEFACTOR PAIR \$25,000 Premium dinner seating for two (2) guests, GRAND BENEFACTOR listing in program, full-page ad in program (program deadline Jan. 25).					= \$	
	r seating for one (1)	guest, PATRON listing in	n. 25).	\$8,000 per seat	= \$		
	SUPPORTER TICKET \$6,500 Dinner seating for one (1) guest, SUPPORTER listing in program (program deadline Jan. 25).					= \$ SO	LD OUT
FULL-PAGE JOURNAL AD \$7,500 (\$5,000 for ticket holders). Ad specs will be provided upon receipt of this form.					\$7,500 per page	=\$	
DONATION ON	LY: 🗌 I/WE	CANNOT ATTEN	ID, BUT WILL MAKE A	TAX DEDUCTIBLE	CONTRIBUTION OF	= \$	
PAYMENT:					GRAND TOTAL	= \$	
NVOICE:	Please invo	oice me Plea	se invoice my company (as per above)			
CHECK:	Make your che	eck payable to ELT	ON JOHN AIDS FOUNDAT	ION			
BANK TRANSFER:	Bank: City Nat	onal Bank ABA: 02	6013958 Account: 6651	14139 Swift Code:	CINAUS6L		
CREDIT CARD:	☐ AMEX	☐ VISA	☐ MASTERCARD	☐ OTHER			
CARD NUMBER				EXPIRY I	DATE SEC	JRITY NUMBER	
NAME ON CARD			SIGNATURE		DATE		

PROGRAM DEADLINE JANUARY 25, 2025

PLEASE RETURN THIS TICKET REQUEST FORM TO AAVP@ELTONJOHNAIDSFOUNDATION.ORG OR BY MAIL: ELTON JOHN AIDS FOUNDATION | 584 BROADWAY, SUITE 1006, NEW YORK, NY 10012 | +1 (212) 219-0670

TERMS & CONDITIONS: RESALE IS STRICTLY PROHIBITED. This Form is intended only for the person to whom it was addressed and may not be forwarded. By returning this Ticket Request Form you are making an application to request tickets and you are not guaranteed tickets. Confirmation of your ticket request is successful. Payment for all tickets must be made in advance of the event, and failure to pay will result in entry being denied. Tickets are non-refundable and non-transferable. We require all guest names no later than 15 days in advance. If guests attempt to gain entry to the event and their ID does not match the name provided to us in advance, entry will not be permitted and no refund will be issued. No cameras, recording or broadcasting equipment will be allowed into the venue. COVID-19 event protocol will be based on State and CDC guidance at the time of the event. Should the event be rescheduled for any reason, tickets will be transferred to the new date and no refunds will be given.