

ACADEMY AWARDS® VIEWING PARTY MARCH 10, 2024

TICKET REQUEST FORM



ELTON JOHN AIDS FOUNDATION

DONOR NAME (AS IT SHOULD APPEAR ON PRINTED MATERIALS)

NO LISTING

CONTACT PERSON (IF DIFFERENT FROM ABOVE)

COMPANY

ADDRESS

CITY STATE ZIP/POSTCODE COUNTRY

TELEPHONE EMAIL

PLEASE SELECT YOUR TABLE LEVEL

QUANTITY:

- PRESENTING SPONSOR PACKAGE \$325,000**
Prime dinner seating for twenty (20) guests, PRESENTING SPONSOR listing on program (program deadline Feb. 1), logo on media backdrop, prominent double-page ad in program. \$325,000 per package = \$ _____
- CO-SPONSOR PACKAGE \$200,000**
Prime dinner seating for ten (10) guests, CO-SPONSOR listing on program (program deadline Feb. 1), premium double-page ad in program. \$200,000 per package = \$ _____
- ASSOCIATE SPONSOR PACKAGE \$110,000**
Prime dinner seating for ten (10) guests, ASSOCIATE SPONSOR listing on program (program deadline Feb. 1), full-page ad in program. \$110,000 per package = \$ _____
- BENEFACTOR PACKAGE \$80,000**
Premium dinner seating for ten (10) guests, BENEFACTOR listing in program, full-page ad in program (program deadline Feb. 1). \$80,000 per package = \$ _____
- HOST PACKAGE ~~\$60,000~~**
Dinner seating for ten (10) guests, HOST listing in program (program deadline Feb. 1). ~~\$60,000 per package~~ = \$ _____

SOLD OUT

PLEASE SELECT YOUR TICKET LEVEL

QUANTITY:

- GRAND BENEFACTOR PAIR \$25,000**
Premium dinner seating for two (2) guests, GRAND BENEFACTOR listing in program, full-page ad in program (program deadline Feb. 1). \$25,000 per pair = \$ _____
\$12,500/addtl ticket.
- PATRON TICKET \$8,000**
Preferred dinner seating for one (1) guest, PATRON listing in program (program deadline Feb. 1). \$8,000 per seat = \$ _____
- SUPPORTER TICKET ~~\$6,500~~**
Dinner seating for one (1) guest, SUPPORTER listing in program (program deadline Feb. 1). ~~\$6,500 per seat~~ = \$ _____
- 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 = \$ _____

SOLD OUT

DONATION ONLY: I / WE CANNOT ATTEND, BUT WILL MAKE A TAX DEDUCTIBLE CONTRIBUTION OF = \$ _____

PAYMENT: GRAND TOTAL = \$ _____

INVOICE: Please invoice me Please invoice my company (as per above)

CHECK: Make your check payable to ELTON JOHN AIDS FOUNDATION

BANK TRANSFER: Bank: City National Bank ABA: 026013958 Account: 665114139 Swift Code: CINAUS6L

CREDIT CARD: AMEX VISA MASTERCARD OTHER

CARD NUMBER EXPIRY DATE SECURITY NUMBER

NAME ON CARD SIGNATURE DATE

PROGRAM DEADLINE FEBRUARY 1, 2024

PLEASE RETURN THIS TICKET REQUEST FORM TO AAVP@ELTONJOHNAIDSFUNDATION.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 order and receipt of your processed payment will be sent to you if 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.**

Elton John AIDS Foundation is a US registered 501(c)(3) organization EIN 58-2033460 and in the UK is Registered Charity No. 1017336. For US taxpayers, your contribution is tax deductible, less \$900 per attendee. Terms & Conditions are subject to change.