



Name/Contact _____

Company _____

Street Address _____ City, State, Zip _____

Telephone _____ E-mail _____

We hereby reserve the following sponsorship(s) for the
2nd Annual F.A.S.T. 4 KIDS GALA
 Saturday, April 28, 2012 at The Las Vegas Hotel, Ballroom "C"
 6:00pm Cocktail Reception followed by 7:30pm Dinner

Sponsorship Levels -

- Platinum F.A.S.T. Sponsorship (two tables)** _____ One at \$5,000
 - Program and Event Recognition
 - Full Page, Full-color advertisement
 - Back Page, Inner cover & Other Prominent a placement given on a first-come, first-serve basis
 - Special opportunities to meet the speakers and entertainers (time permitting)
 - Favorable Table selection
- Gold F.A.S.T. Sponsorship (one table)** _____ each at \$2,500
 - Program and Event Recognition
 - Full Page, Full-color advertisement
 - Special opportunities to meet the speakers and entertainers (time permitting)
 - Favorable Table selection
- Silver F.A.S.T. Sponsorship (one table)** _____ each at \$1,500
 - Program and Event Recognition
 - Half Page, Full-color advertisement
 - Special opportunities to meet the speakers and entertainers (time permitting)
 - Favorable Table selection
- Bronze F.A.S.T. Sponsorship (one table)** _____ each at \$1,000

Individual Dinner Reservation _____ Per Person \$150

**Table size is for eight (8) people*

Regrets, but please accept my donation of \$ _____

Printed Name _____ Total Due \$ _____

Signed _____ Date _____

Payment: Please mail invoice to the above address Please charge to the credit card below

Make Checks Payable to: **Finding Autistic Solutions for Tomorrow**

Master Card / Visa *(please circle the card you wish to use)*

Card Number _____ Expiration Date _____

Cardholders Name *(please print)* _____

Cardholders Signature _____ Date _____

Please Mail or Fax Completed Form



For more information contact Jerry or Shelly Peck