

# BANQUET REGISTRATION FORM

## The 55th Annual Four Chaplains Memorial Awards Dinner

**Date:** Thursday, February 2, 2023

**Location:** IATSE Ballroom, 2401 S Swanson St., Philadelphia, PA 19148

**Time:** Social 6-7 PM Dinner/Program: 7-9:30 PM

**Registration Deadline:** Friday, January 6, 2023 or until all seats are filled.

\*This is our main fundraiser for the year and helps support our Youth Scholarship fund and Veteran Outreach programs.

	Number	Amount
<b>Individual Ticket</b> (Member) = \$125	_____	_____
Individual Ticket (Nonmember) = \$150	_____	_____
<b>GOLD Sponsorship</b> = \$5,000	_____	_____
<ul style="list-style-type: none"> <li>• 8 Dinner Tickets and 2 Sponsored tickets for our VIP guests</li> <li>• Full page Ad in the Commemorative Banquet Booklet</li> <li>• Recognition at the Event and in Banquet Book + Four Autographed copies of "The Immortals"</li> </ul>		
<b>SILVER Sponsorship</b> = \$2,500	_____	_____
<ul style="list-style-type: none"> <li>• 4 Dinner Tickets and 1 Sponsored ticket for a VIP guest</li> <li>• Half-page Ad in the Commemorative Banquet Booklet</li> <li>• Recognition at the Event and in Banquet Book + Two Autographed copies of "The Immortals"</li> </ul>		
<b>BRONZE Sponsorship</b> = \$1,500	_____	_____
<ul style="list-style-type: none"> <li>• 2 Dinner Tickets and 1 Sponsored ticket for a VIP guest</li> <li>• Quarter-page Ad in the Commemorative Banquet Booklet</li> <li>• Recognition at the Event and in Banquet Book</li> </ul>		
<b>Banquet Book</b> (Ads Only/No Tickets)		
Full Page = \$1,000	_____	_____
Half Page = \$500	_____	_____
Quarter page = \$250	_____	_____
Business Card = \$125	_____	_____
Total:	_____	_____

**Three ways to register:**

1. Go to: [www.fourchaplains.org](http://www.fourchaplains.org) and register at our banquet site
2. Mail in the entire Registration Form
3. Call Michelle at 215-218-1943 and pay by credit card

### Four Chaplains Memorial Day Foundation Mail-in Registration Form

**Contact Name:** \_\_\_\_\_

**Company:** (If Applicable) \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Payment Method:** \_\_\_ Check \_\_\_ Cash \_\_\_ Credit Card (**Reservations accepted with payment**)

Credit Card: \_\_\_ Visa \_\_\_ MC \_\_\_ Other

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **Security #** \_\_\_\_\_