

SPONSORSHIP AND TICKET RESERVATIONS

____ **INNOVATOR — \$50,000**

- » Complimentary admission for 20 guests with premier IMAX Theatre seating
- » Premier graphic placement during film presentations in the IMAX Theatre
- » Premier listing on event signage
- » Premier listing in awards program
- » Recognition in all pre & post media
- » Name, logo and link on Council website for 2016–2017

____ **DISCOVERER — \$25,000**

- » Complimentary admission for 20 guests with premier IMAX Theatre seating
- » Graphic placement during film presentations in the IMAX Theatre
- » Prominent listing on event signage
- » Prominent listing in awards program
- » Recognition in all pre & post media

____ **INVENTOR — \$10,000**

- » Complimentary admission for 10 guests
- » Prominent listing on event signage
- » Prominent listing in awards program
- » Recognition in all pre & post media

____ **DIRECTOR — \$7,500**

- » Complimentary admission for 10 guests
- » Listing on event signage
- » Listing in awards program
- » Recognition in all pre & post media

____ **FELLOW — \$5,000**

- » Complimentary admission for 10 guests
- » Listing on event signage
- » Listing in awards program

TICKETS

Industry/For Profit Sector:

_____ ticket(s) @ \$ 500 each *or*

_____ ten (10) tickets @ \$5,000 with reserved seating

Government and Non-profit:

_____ ticket(s) @ \$350 each *or*

_____ ten (10) tickets @ \$3,500 with reserved seating

I/We cannot attend. Please accept my tax-deductible contribution of \$_____ in support of the Research & Development Council of New Jersey.

RSVP INFORMATION

(Please print legibly or type)

CONTACT NAME

TITLE

ORGANIZATION

BILLING ADDRESS

CITY/STATE/ZIP CODE

TELEPHONE

FAX

EMAIL

PLEASE RETURN THIS FORM AND PAYMENT TO:

Research & Development Council of New Jersey

Attn: Kim Case, Esq.

Executive Director

127 Main Street

Chatham, NJ 07928

P: 973.274.8336 F: 973.635.0301 kcase@rdnj.org

A Council representative will contact you for your final guest list.

METHOD OF PAYMENT

_____ Check Enclosed (Payable to: **Research & Development Council of New Jersey**)

American Express MasterCard VISA Discover

Name As It Appears on Card

Authorized Amount to Be Charged

Card Number

Expiration Date

CODE (3 Digit for Visa/MC/DS; 4 Digit for Amex)

AUTHORIZED SIGNATURE

A 3% processing fee will be added to all credit card payments.

Your contribution less \$100 per ticket is tax-deductible to the extent allowed by law.

PLEASE RSVP NO LATER THAN OCTOBER 21, 2016