

# New York State Association of Criminal Defense Lawyers Foundation 2019 Annual Dinner • Thursday, January 17, 2019

*Dinner Reservations:* (Please list names of guests on reverse.)

We are pleased to attend the Annual Dinner with reservations as indicated below:

\_\_\_\_\_ Individual Tickets:      \$250 per person      Total: \$ \_\_\_\_\_

\_\_\_\_\_ Table Sponsorships:      \$2500 per table      Total: \$ \_\_\_\_\_

*Includes 10 individual tickets and quarter-page black & white dinner journal ad.*

*Dinner Sponsorship:*

We are pleased to support the Annual Dinner with a sponsorship as indicated below:

\_\_\_\_\_ Premium Sponsorship: \$5,000

*Includes 4 tickets in a VIP seating location, full-page color journal ad and sponsorship logo placement on all dinner materials.*

\_\_\_\_\_ Honor Women of Justice Sponsorship: \$2,000

*Honor the women you work with every day! Full page color journal ad and sponsorship logo placement on all dinner materials*

\_\_\_\_\_ Gold Sponsorship: \$1,750 (\$1,250 without tickets)

*Includes 2 tickets, full-page black & white journal ad, and sponsorship logo placement on all dinner materials.*

\_\_\_\_\_ Silver Sponsorship: \$1,250 (\$750 without tickets)

*Includes 2 tickets, half page black & white journal ad, and sponsorship listing on all dinner materials.*

\_\_\_\_\_ Bronze Sponsorship: \$750 (\$500 without event ticket)

*Includes 1 ticket, quarter-page black & white journal ad, and sponsorship listing on all dinner materials.*

**Total Including Reservations & Sponsorship: Total: \$ \_\_\_\_\_**

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**Please fill out payment information on reverse**

**Kindly respond by January 11, 2019**



## Names Of Guests/Seating Requests:

1: \_\_\_\_\_ 6: \_\_\_\_\_

2: \_\_\_\_\_ 7: \_\_\_\_\_

3: \_\_\_\_\_ 8: \_\_\_\_\_

4: \_\_\_\_\_ 9: \_\_\_\_\_

5: \_\_\_\_\_ 10: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_ Enclosed is a check payable to the NYSACDL Foundation

Please charge my:  Visa  MasterCard  AMEX  Discover

Name On Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-4 Digit Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

**Kindly respond by  
January 11, 2019**

For more information, call  
NYSACDL at 518-443-2000 or  
jlvanort@nysacdl.org

