



Date: \_\_\_\_\_

Name / Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_

**GALA PATRON: \$5000<sup>00</sup>**

**Includes:**

- 1 table of 10
- Full Gold Page in Souvenir Book
- Media coverage & Sponsor / Logo exposure
- Slide show presentation

**GALA PROGRAMME 2015**

- |  |                |
|--|----------------|
| <input type="checkbox"/> Silver Page               | \$500          |
| <input type="checkbox"/> Full Black/White Page     | \$300          |
| <input type="checkbox"/> 1/4 Page                  | \$150          |
| <input type="checkbox"/> Gold Page Name Listing    | \$100          |
| <input type="checkbox"/> Children Helping Children | \$10 per child |

**MESSAGE**

**Greeting / In Memory of / Business card / Gold Name listing / Child's Name**

\_\_\_\_\_  
\_\_\_\_\_

(Please send message or artwork (hi-resolution jpeg or pdf) by email, but specify here)

**GALA TICKETS**

Adults \_\_\_\_ x \$250 + under 25 yrs. old \_\_\_\_ x \$200 = Total: \$ \_\_\_\_\_

**Ilios Gala Invitation to follow**

**METHODS OF PAYMENT**

CHEQUE  VISA  MASTERCARD  AMEX

Cheque Payable to **H.L.B.S.** If paying by Credit card, contract must be faxed or mailed.

CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

**FOR MORE INFORMATION:**

**Tel:** Mary Vlahos (514) 683-5685

Belle Grivakis (514) 933-4220

Christina Maroudas (514) 717-1248

**Email:** mary.vlahos@videotron.ca

btzicas@hotmail.com

**Fax:** Bernice Tzicas (514) 279-7303

**Please Mail to: Mary Vlahos, 12 rue Dallas, DDO, QC H9B 2S8**

PLEASE MAIL, FAX or EMAIL CONTRACT BY APRIL 2<sup>nd</sup> 2015