

Vintage Fashion Show Registration

**Event
Sponsor:**



Euclid Hospital Lakewood Hospital
Fairview Hospital Lutheran Hospital
Hillcrest Hospital Marymount Hospital
Huron Hospital South Pointe Hospital

Guest Opportunities	Price	Quantity	Total
“Gold” Sponsor: Four preferred seats; one auction ticket per guest; sponsorship signage; sponsorship recognition on name tag & in program	\$500		
“Silver” Sponsor: Two tickets to event; sponsorship recognition on name tag & in program	\$250		
Event Ticket	\$35		
TOTAL			

Reservation Name: _____

Address: _____

Phone Number: _____

Name of Guests: _____

Please accept my tax-deductible gift in lieu of my attendance
_____.

Method of Payment: Check (Made payable to WomenSafe, Inc.)

Visa Mastercard American Express Discover

Credit Card # _____

Exp. date _____

Signature _____

