



CARNIVAL DO BRASIL BAL MASQUÉ



November 1st, 2008

8th Annual Lakeshore General Hospital Foundation Ball Program Book Ads, Tickets, Prizes and Donations

COMPANY NAME _____

CONTACT PERSON _____

ADDRESS _____

TEL _____

FAX _____

EMAIL _____

Corporate/Business/Personal Program Ads

Special Ads (All Full Page)

Front Cover (inside)	\$ 3 000	<input type="checkbox"/> \$ _____
Back Cover (outside)	\$ 3 000	<input type="checkbox"/> \$ _____
Back Cover (inside)	\$ 2 000	<input type="checkbox"/> \$ _____
Diamond	\$ 1 250	<input type="checkbox"/> \$ _____
Gold	\$ 1 000	<input type="checkbox"/> \$ _____
Silver	\$ 750	<input type="checkbox"/> \$ _____

Regular Ads

Full Page	\$ 600	<input type="checkbox"/> \$ _____
1/2 page	\$ 350	<input type="checkbox"/> \$ _____
1/4 page	\$ 250	<input type="checkbox"/> \$ _____
Business Card	\$ 150	<input type="checkbox"/> \$ _____

Donation (Fully tax deductible) \$ _____

Tickets*
Number of tickets _____ \$ 600 per person* \$ _____

Total \$ _____

*A tax receipt will be remitted for a portion of each ticket

Prize Donation

Value \$ _____

Item description _____

Item will be mailed _____

Item will be delivered _____

Item can be picked-up on:

Date: _____

Location: _____

Contact: _____

Please note:

All ads must be received before October 8, 2008 preferable in a high resolution PDF format, Illustrator, QuarkXpress and/or Photoshop to the following address:
gdavalos.lgh@ssss.gouv.qc.ca

Send all physical material to the address below
attention: Ginette Dávalos.

Payment Method (Check one)

Payment enclosed

Please send invoice

Cheque



Credit Card Number:

Expiry Date:

Amount: \$ _____ Signature: _____