

## Reservations & Ad Journal

\_\_\_\_\_ I am unable to attend the event but please accept my donation of \$ \_\_\_\_\_

### Reservations

Sponsorship Opportunities are still available.  
Please call 201.797.7440 x 227 for more information.

_____ Gold Table(s) (Includes 10 tickets, Gold Page Ad and Video, Newsletter and Website recognition)	\$ 2,000
_____ Silver Table(s) (Includes 10 tickets & a Full Page Ad)	\$ 1,500
_____ Gold Individual Ticket(s) (Includes special listing in Ad Journal)	\$ 200
_____ Individual Ticket(s)	\$ 150
Reservation Sub-Total	\$ _____

### Ad Journal\*

_____ Gold Full Page (4.5" x 7.5")	\$ 500
_____ Full Page (4.5" x 7.5")	\$ 200
_____ Half Page (4.5" x 3.5")	\$ 100
_____ Quarter Page (2.5" x 3.5")	\$ 75
Ad Journal Sub-Total	\$ _____

\* Please submit a PDF, Camera-ready artwork or desired text with this completed form by Friday, May 15, 2009.

**Total Amount Enclosed** \$ \_\_\_\_\_

All donations are tax-deductible to the fullest extent allowed by law.

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ Total Amount Enclosed \$ \_\_\_\_\_  
(please make checks payable to The Children's Therapy Center)

\_\_\_\_\_ Please bill my MasterCard or Visa \$ \_\_\_\_\_

CC# \_\_\_\_\_

Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

If you would like to donate tickets to a lottery for CTC parents and/or staff who might not otherwise be able to attend, please indicate so below.

\_\_\_\_\_ number of tickets

I wish to be seated with:

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

Please return this card along with any  
Ad Journal materials in the enclosed envelope to:  
The Children's Therapy Center  
29-01 Berkshire Road, Fair Lawn, NJ 07410

If you have any questions, please contact Development at  
201.797.7440 x227 or x228  
lisav@thechildrenstherapycenter.org or  
kosborne@thechildrenstherapycenter.org