



THURSDAY, DECEMBER 8, 2022 • 6:00 PM - 10:00 PM
THE IAC BUILDING • 555 WEST 18TH STREET, NY
RECEPTION • DINNER • AWARDS

TABLE & TICKET RESERVATION FORM

COMPANY: _____
CONTACT NAME: _____
TITLE: _____
COMPANY ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____ FAX: _____
EMAIL: _____

PLEASE RESERVE THE FOLLOWING ON MY BEHALF...

PREMIUM TABLE OF TEN \$10,000 \$ _____

One table reservation (10 seats) with priority seating (closest proximity to the stage), company logo recognition on all print and digital, and company logo on beverage napkins.

TABLE OF TEN \$8,000 \$ _____

One table reservation (10 seats) and company logo (or name, as appropriate) included on all print and digital materials

PAVE GALA TICKET \$800 \$ _____

SPONSOR A STUDENT \$500 \$ _____

I'M UNABLE TO ATTEND BUT I'D LIKE TO MAKE A DONATION \$ _____

TOTAL COMMITMENT \$ _____

COMPANY'S NAME AS IT SHOULD APPEAR ON PROMOTIONS _____

AUTHORIZED SIGNATURE _____ DATE: _____

YOUR SIGNATURE ATTESTS THAT YOU ARE AUTHORIZED TO MAKE THE TICKET/TABLE COMMITMENT INDICATED ABOVE AND AGREE TO PAY THE CHARGES ASSOCIATED WITH THE COMMITMENT WHEN INVOICED. TABLES AND TICKETS ARE NON-REFUNDABLE. **PAYMENTS MUST BE RECEIVED BY OCTOBER 30, 2022. PAYMENTS FOR TABLES AND TICKETS PURCHASED AFTER OCTOBER 30TH MUST BE RECEIVED PRIOR TO THE EVENT.**

PAYMENT INFORMATION

You may pay by credit card, request an invoice or send a check to PAVE with this form.

Payment Type: Visa: _____ Master Card: _____ American Express: _____ Check: _____ Please Invoice: _____

Credit Card Number: _____ Expiration Date: _____ Sec. Code: _____

Name on Card (if different from above): _____

Billing Address (if different from above): _____

Authorized Signature: _____ Date: _____

PLEASE RETURN THIS FORM WITH PAYMENT TO:
PAVE, 8570 Stirling Road, Suite 102-227, Hollywood, FL 33024
CONTACT: Dash Nagel, PAVE, (954) 551-9234, info@paveglobal.org