



2020 REGISTRATION FORM

Diamond: \$25,000

Sponsor a gala award

Present award from stage

Table of 10 with 2 industry leaders from the CHPA/CHPA Educational Foundation Board

Level 1 seating

Full-page advertisement in gala program

Logo on event promotional materials (print, digital, social)

Special recognition from podium at event

Platinum: \$15,000

Table of 10 with 2 industry leaders from the CHPA/CHPA Educational Foundation Board

Level 1 seating

Full-page advertisement in program

Logo on event promotional materials (print, digital, social)

Special recognition from podium at event

Gold: \$10,000

Table of 10 with 2 industry leaders from the CHPA/CHPA Educational Foundation Board

Level 2 seating

Logo on event promotional materials (print, digital, social)

Gold Half Table: \$6,500

Half table (5 seats) with 1 industry leader from the CHPA/CHPA Educational Foundation Board

Level 2 seating

Logo on event promotional materials (print, digital, social)

Silver: \$7,500

Table of 10

Level 3 seating

Logo on event promotional materials (print, digital, social)

Silver Half Table: \$4,500

Half table (5 seats)

Level 3 seating

Logo on event promotional materials (print, digital, social)

Bronze: \$5,500

Table of 10

Level 4 seating

Logo on event promotional materials (print, digital, social)

Bronze Half Table: \$3,500

Half table (5 seats)

Level 4 seating

Logo on event promotional materials (print, digital, social)

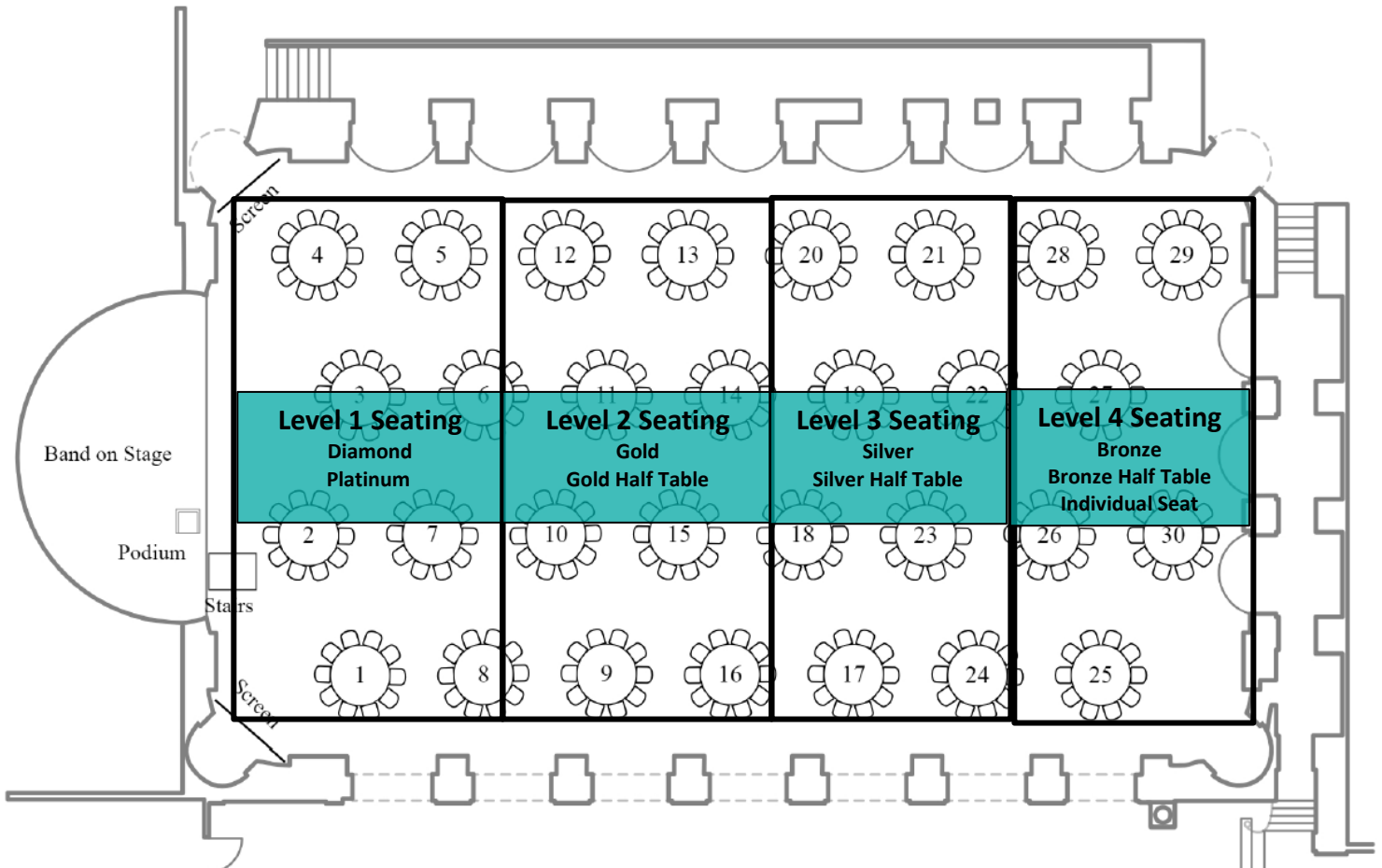
Individual Seat: \$1000

Level 4 seating

**Can't attend, but want to donate?
Contact Mary Leonard**



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2020 CHPA Educational Foundation Gala Registration Form



Yes, I/we will support the foundation at the following level:

- \$25,000 Diamond Table
- \$15,000 Platinum Table
- \$10,000 Gold Table
- \$6,500 Gold Half Table
- \$7,500 Silver Table
- \$4,500 Silver Half Table
- \$5,500 Bronze Table
- \$3,500 Bronze Half Table
- \$1,000 Individual Seat
- I am unable to attend but wish to contribute \$_____ to the CHPA Educational Foundation.



Please list me (or my organization) in printed materials as:

Name/Organization Name: _____

Contact (if different from above):

Street: _____ City: _____ State: _____ Zip: _____

Email: _____ Tel: _____

- Attach .EPS and .JPEG Logo Options

Payment Information:

- Send me an invoice
- Check enclosed (please make check payable to CHPA Educational Foundation)
- Wire transfer (information below)
- Charge my credit card (*applies to individual seats only; call Stefanie Owens @ 202-429-3547*)

Please Return To:

CHPA Educational Foundation
1625 Eye St. NW, Suite 600
Washington, D.C. 20006
Phone: (202) 429-3518

Wire Transfer Information:

Bank: Wells Fargo Bank, N.A.
Account Type: Checking
Account #: 2000020753555
ABA Number: 121000248
International Swift Code: WFBIUS6S

The CHPA Educational Foundation is classified as a not-for-profit organization under Section 501(c)(3) of the Internal Revenue Code. Our Federal Tax ID # is: 20-0689578. Contributions are tax-deductible to the extent allowed by law.

My signature indicates I am authorized to make this commitment on behalf of:

Organization Name: _____

Authorized by Sponsor (please print): _____

Sponsor Signature: _____ Date: _____

Please submit this form to Stefanie Owens at sowens@chpa.org.

Cancellation Policy: All registration cancellations and refund requests must be made in writing by Friday, October 16, 2020, to receive a full refund. Refunds cannot be approved for requests received after this date, to include no-shows. Substitutions are gladly accepted at any time. Badge sharing, splitting, and reprints are strictly prohibited.