

Celebration 2010

Repertorio Español
Reservation Form

A hilarious comedy, an excellent dinner and wonderful company!

To register visit: www.repertorio.org/party

Contact Robert Federico: 212.225.9934 or r.federico@repertorio.org

Via fax: 212.225.9085

Please reserve:

_____ “Miss Universe” Two tables of 10 guests at \$20,000

Premier seating, full page ad in program, logo in all programs throughout the year, prime gift bags with CD's and DVD's of our performances, invitations to rehearsals, a special performance for clients and employees during Hispanic Heritage Month and superior employee benefits through 2010

_____ “Miss Puerto Rico” Table for 12 guests at \$15,000

Prominent seating, full page ad in program, logo in all programs throughout the year, prime gift bags with CD's and DVD's of our performances, invitations to rehearsals and inclusive employee benefits through 2010

_____ “Miss San Juan” Table for 10 guests at \$10,000

Priority seating, half page ad in program, logo in all programs throughout the year, prime gift bags with CD's and DVD's of our performances, invitations to rehearsals and employee benefits through 2010

_____ “Miss Piña Colada” Table for 8 guests at \$6,000

Prime seating, quarter page ad in program, logo in all programs throughout the year, prime gift bags with CD's and DVD's of our performances, invitations to rehearsals and employee benefits through 2010

Individual seats:

_____ Orchestra seating and dinner \$600

_____ Balcony seating and dinner \$500

All patrons receive invitations to the 2010 opening nights of Repertorio Español's productions and acknowledgments in programs, newsletters and website throughout the year. Contributions are fully tax-deductible to the extent allowed by the law; the non-deductible portion of each dinner is \$100. You may obtain a copy of our annual report by writing to Repertorio Español or NYS Charities Registration, Albany, NY 12231-0001.

Please make checks payable to:

Repertorio Español

138 East 27th Street, New York, NY 10016

OVER PLEASE ►



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_____ Enclosed is my check for \$_____.

_____ Please bill me for \$_____.

_____ Charge my credit card for \$_____.

_____ I/We cannot attend but wish to enclose a
contribution of \$_____.

Type of Card: _____

Card #: _____

Expiration date: _____ / _____

Cardholder's Signature: _____

Name, Title & Company Listed in Gala Program:

Name: _____

Title: _____

Company: _____

E-Mail: _____

Address: _____

City, State, Zip: _____

Phone: _____