



20TH ANNUAL HALE KAU KAU FUNDRAISER DINNER & AUCTION REGISTRATION / SPONSORSHIP / ADVERTISING FORM

First Name:* _____ Last Name:* _____

Title:* _____

Company/Organization:* _____

(This is how you will be listed in promotional materials)

Mailing Address: _____

City:* _____ State:* _____ Zip Code:* _____

Phone:* _____ Email:* _____

**Required Information*

Please check appropriate box(es):

SPONSORSHIPS

- Executive Chef Sponsor: \$5,000** 10 tickets, priority seating, prominent logo placement, full-page ad in event booklet, free valet parking, and priority check out
- Chef de' Cuisine Sponsor: \$3,000** 10 tickets, priority seating, logo in event booklet, 1/2-page ad
- Sous Chef Sponsor: \$1,500** 6 tickets, select seating, logo in event booklet, 1/2-page ad
- Line Chef Sponsor: \$600 2 tickets, listing in event booklet

*** Please send your color booklet ad and logo (EPS, JPG, PNG and TIFF files) to halekaukau@rcchawaii.org.*

EVENT BOOKLET ADVERTISING ONLY:***

- Full-page ad (5.25"w x 8.25"h): \$400
- Half-page ad (5.25"w x 4.06"h): \$200
- Quarter-page ad - vertical (2.56"w x 4.06"h): \$100
- Quarter-page ad - horizontal (5.25"w x 1.97"h): \$75



**** Please send color booklet ad (PDF & JPG, 300dpi) to halekaukau@rcchawaii.org by January 22, 2019.*

INDIVIDUAL TICKETS:

- I would like to purchase _____ number of tickets. Total amount of purchase \$ _____
\$150 per person OR \$140 per person for 10 tickets (total: \$1,400)

DONATION WITH REGRETS:

- I would like to donate \$ _____ to support Hale Kau Kau's mission.

METHOD OF PAYMENT:

- My check is enclosed. Please make checks payable to **Hale Kau Kau**.
- Please charge my credit card: Visa MasterCard AMEX Discover

Credit card #: _____ Exp. Date: _____ CVV #: _____

Person's name on credit card: _____

Please return this form to:

Hale Kau Kau, 25 W. Lipoa Street, Kihei, Maui HI 96753

Fax: 808-875-4674 • Email: halekaukau@rcchawaii.org • Call: 808-875-8754 • Visit: www.halekaukau.org