



PO Box 3635
Norfolk, Virginia 23514

RESERVATION FORM
20th Annual Induction Banquet
RENAISSANCE HOTEL
Portsmouth, VA
November 3-4, 2017

CONTACT INFORMATION

YOUR NAME _____ COMPANY _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____ EMAIL _____

INDUCTEE INFORMATION

NAM E OF INDUCTEE(S) DONATION IS IN SU PPORT OF:

TICKET/TABLE RESERVATION

INDIVIDUAL TICKET(S)
Ticket(s) @ \$80 each

FULL TABLE(S)/10 SEATS
Table(s) @ \$800 each

ADVE RTISIN G RESERVATIO N

D A O R RECEIVED

AD DESCRIPTION <small>Please have ads formatted to pdf, jpg, or similar fonnat</small>	SIZE	COLOR	COST
D BACK COVER	7.'i>"w X 10" h	Full Color	\$2,500
D INSIDE FRONT COVER	7.5"w X 10" h	Full Color	\$1,500
D INSIDE BACK COVER	7.5"w X 10" h	Full Color	\$1,500
D Full Page (Color)	7.5"w X 10" h	Fu ll Color	\$600
D Fu ll Page (Black/White)	7.5"w X 10" h	Black/W hite	\$300
D Half Page (Color)	7.5" w x 4.75" h	Fu ll Color	\$200
D Half Page (Black/White)	7.5" w x 4.75" h	Black/White	\$150
D Qua1ter Page (Color)	3.5" w X 4.75" h	Fu ll Color	\$100
D Quarter Page (Black/White)	3.5" w X 4.75" h	Black/White	\$75
D Patron Listing	Name you would like listed in program book:		\$ 30
D IN-KIND DONATION	I would l ike to donate \$. 00 to use towards: o HRAASHF Organization General Operating Fund o HRAASHF Scholarship Program		



MEMBER INFOR MATION

I NAM E OF HRAASHF MEM BER:

Please make checks/money orders payable to: HRAASHF
Remit to: PO Box 3635 -Norfolk, VA 23514