



CSNA

Confederazione Siciliani Nord America

3rd Annual Gala – October 3rd 2009

MONTECASSINO EVENT VENUE VAUGHAN

Adverisment / Ticket Agreement

Contact Person: _____ **Position:** _____ **Date:** _____

Business Name: _____ **Individual Purchasing:** _____

Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Telephone #: _____ **E-mail:** _____ **www:** _____

		QTY	Total \$	Note:
Vellum/Platinum V.I.P. Page	\$ 600			
Gold Page	\$ 500			
Silver Page	\$ 400			
White Page	\$ 300			
½ White Page	\$ 200			
¼ White Page	\$ 125			
Front Cover Inside Page	\$ 3,000			
Back Cover Whole Page	\$ 2,500			
Front Cover Half Page	\$ Sold			
Back Cover Page	\$ Sold			

Advertising deadline: Your artwork advertisement must be submitted by September 15, 2009

Individual ticket \$125 x _____ **Table of ten \$1250 x** _____ **Total \$** _____

I am unable to attend event, but will make a donation in the amount of \$ _____

Please check payment type: **Cheque** ~ **Int. Money Order** ~ **Credit Card** . **Please make your payment out to CSNA GALA-2009 (Mailing Address:83 Saint Andrews Blvd., Toronto, Ontario M9R 1W4 Canada)**

If you need further information please call:

Anthony Avola at 416-248-5537 or Cell: 416-409-7492 Email: anthonyavola-83@sympatico.ca

Reserved for Credit Card Payments Only:

VISA / Mastercard

Credit Card #:

Expiration Date:

Name on Credit Card:

Date: ____/____/____

The undersigned hereby authorizes the placement of the above advertisement , ticket purchase(s), Credit card payment and agrees to payment of same.

Signature