

## TABLES

_____	<b>EXECUTIVE CHAIR</b> .....	<b>\$50,000</b>
	Includes premier seating for 10 at Executive Table Recognition as an Executive Chair in the Event Program Invitation for 10 to the Luncheon Leadership Cocktail Reception	
_____	<b>CO-CHAIR</b> .....	<b>\$25,000</b>
	Includes preferred seating for 10 at Co-Chair Table Recognition as a Co-Chair in the Event Program Invitation for 6 to the Luncheon Leadership Cocktail Reception	
_____	<b>VICE-CHAIR</b> .....	<b>\$15,000</b>
	Includes featured seating for 10 at Vice-Chair Table Recognition as a Vice-Chair in the Event Program Invitation for 4 to the Luncheon Leadership Cocktail Reception	
_____	<b>AMBASSADOR</b> .....	<b>\$7,500</b>
	Includes seating for 10 at Ambassador Table Recognition as an Ambassador in the Event Program Invitation for 2 to the Luncheon Leadership Cocktail Reception	

## TICKETS

_____	<b>BENEFACTOR TICKET(S)</b> .....	<b>\$2,500</b>
	Recognition as a Benefactor in the Event Program Invitation to the Luncheon Leadership Cocktail Reception	
_____	<b>PATRON TICKET(S)</b> .....	<b>\$1,500</b>
	Recognition as a Patron in the Event Program Invitation to the Luncheon Leadership Cocktail Reception	
_____	<b>FRIEND TICKET(S)</b> .....	<b>\$750</b>
	Recognition as a Friend in the Event Program	
_____	<b>SUPPORTER TICKET(S)</b> .....	<b>\$350</b>
	Recognition as a Supporter in the Event Program	

\_\_\_\_\_ I am unable to attend but enclosed is my contribution of \$ \_\_\_\_\_

Total Payment \$ \_\_\_\_\_

\_\_\_\_\_ I will attend both Dr. Howard Fillit's presentation at 11:00am  
and the Luncheon at 12:00noon

\_\_\_\_\_ I will attend the Luncheon at 12:00noon only

## METHOD OF PAYMENT

Check payable to the **Alzheimer's Drug Discovery Foundation**

American Express     Discover     MasterCard     Visa

---

Credit Card #

Exp. Date

Security Code

---

Name on Card

---

Signature

---

Name(s) as you wish to be listed in the Event Program

---

Title/Company

---

Address

---

City/State/Zip

---

Phone (day)

(mobile)

---

Email

**Please respond by Wednesday, September 8, 2010  
to have your name included in the Event Program.**

Alzheimer's Drug Discovery Foundation  
57 West 57th Street, Suite 904, New York, New York 10019

Tel 212.901.8008 • Fax 212.901.8010

psteele@alzdiscovery.org • www.alzdiscovery.org