

Please Join Us for
The Arc's
Annual
Holiday Dinner Dance

Wednesday, December 9, 2015

6:30pm - 10:30pm

The Venetian
546 River Drive
Garfield, New Jersey

Ticket Price:
\$85.00 per person
\$45.00 for individuals with special needs

To ensure your reservation please return the enclosed form with your check

No later than November 24, 2015 to:

The Arc of Bergen and Passaic Counties
223 Moore Street
Hackensack, New Jersey 07601
Attn: Holiday Dinner Reservations

Questions? Call the Development Department at 201-343-0322 x 2233

Admission by Reservation Only
Tickets are not available at the door

Sponsorship & Advertisements in Journal

The Arc's Annual Holiday Dinner Dance

December 9, 2015 ♦ 6:30 pm-10:30 pm ♦ The Venetian Garfield

Questions? Contact the Shirley Williams at (201) 343-0322 x 2233 or dinner@arcbp.com.

Advertise your business or send holiday wishes to your loved one or their staff!

Advertisements in Journal

- | | | |
|--------------------------|-------------------------|-------|
| <input type="checkbox"/> | Full Outside Back Cover | \$500 |
| <input type="checkbox"/> | Full Inside Back Cover | \$350 |
| <input type="checkbox"/> | Full Inside Front Cover | \$350 |
| <input type="checkbox"/> | Center Full Page | \$200 |
| <input type="checkbox"/> | Full Page | \$125 |
| <input type="checkbox"/> | 1/2 Page | \$ 75 |
| <input type="checkbox"/> | 1/4 Page | \$ 50 |

Dimensions

- | | |
|------------|-----------------------|
| Full Page: | 5.25 in. W x 8 in. H |
| 1/2 Page: | 5.25 in. W. x 4 in. H |
| 1/4 Page: | 2.5 in W. x 4 in H |

Remember to include:
Press-ready PDF, JPG or Word file of
your black & white ad & email to
dinner@arcbp.com

Due by November 24th

Sponsorships

- | | | | |
|--------------------------|-------------------------------|----------------|---|
| <input type="checkbox"/> | Event Sponsor | \$5,000 | Signage at registration and prominently at the front of room, recognition at event & on website, full page ad in journal & 4 tickets to event. |
| <input type="checkbox"/> | Dinner Sponsor | \$3,000 | Signage at each guest table, recognition at event & on website, full page ad in journal & 4 tickets to event. |
| <input type="checkbox"/> | Dessert Sponsor | \$2,000 | Signage at each guest table, recognition at event & on website, full page ad in journal & 2 tickets to event. |
| <input type="checkbox"/> | Antipasto Hour Sponsor | \$1,500 | Signage at each antipasto table, recognition at event & on website, full page ad in journal & 2 tickets to event. |
| <input type="checkbox"/> | Entertainment Sponsor | \$1,000 | Signage at front of dance floor, recognition at event & on website, full page ad in journal & 2 tickets to event. |
| <input type="checkbox"/> | Table Sponsor | \$500 | Help keep the cost down for our program participants, who look forward to this event all year, and help us cover the cost of their support staff. This sponsorship includes signage at the sponsored table, recognition at the event and on website, name in journal. |

Due by November 24, 2015

Holiday Dinner Tickets

Individual Ticket \$85

Program Participant/Individual with Special Needs Ticket \$45

The Arc's Annual Holiday Dinner Dance

December 9, 2015 ♦ 6:30pm - 10:30pm ♦ The Venetian, 546 River Drive, Garfield, NJ

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Email: _____

Sponsorship - please reserve the _____ Sponsorship at \$ _____.

Advertisement - please reserve _____ page in the Ad Journal at \$ _____.

of Tickets @ \$85 _____ # of Tickets @ \$45 _____ Total \$ _____.

Unfortunately, I can not attend, but I'd like to make a donation of \$ _____.

**Please list below the names of those attending. Full tables of ten (10) will be reserved.
Tables of less than ten will be arranged by the committee.**

#	Name of Guest	#	Name of Guest
1		6	
2		7	
3		8	
4		9	
5		10	

Please note which, if any, Arc program (Child Center, Hoehne Workshop, Group Home, Adult Center, Camp, etc.) you or your family member is affiliated with _____.

Who of the above should we contact if we have a question regarding your table? _____.

Name of anyone in need of Vegetarian Meal: _____.

Special Seating Needed i.e. space for a wheelchair? YES NO

If yes specify what is needed & # _____.

Due by November 24, 2015

Check made payable to: The Arc of Bergen & Passaic Counties or Visa MasterCard

Total: _____

Card #: _____

Expiration Date:

Signature: