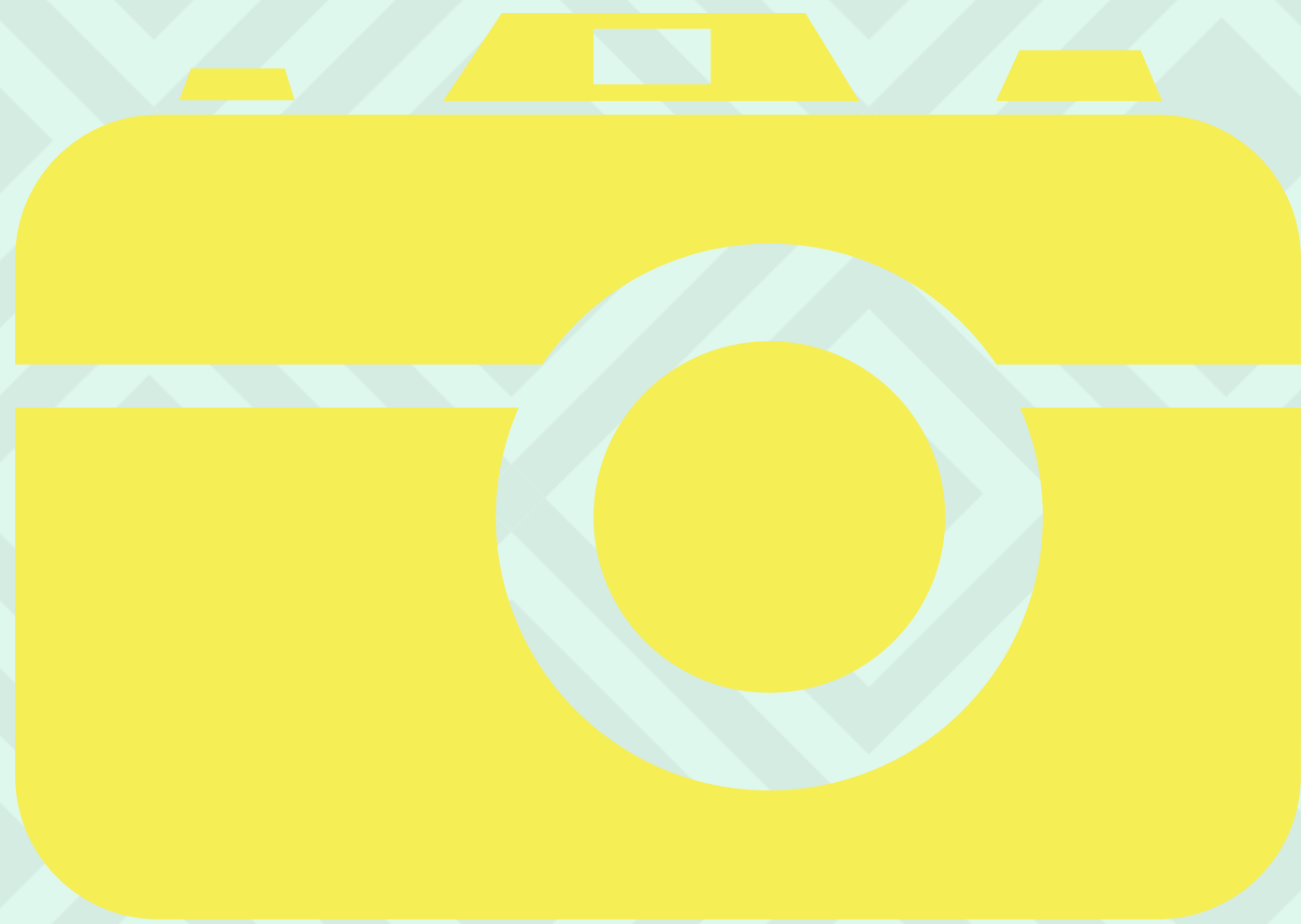


SAVE THE DATE



PROFESSIONAL HEADSHOTS & COCKTAIL MIXER

Eat, drink, mingle and have your professional headshot taken!

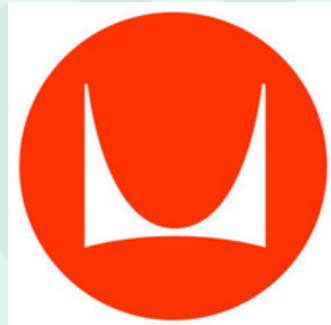
MUGSHOTS & MOJITOS

MARCH 23, 2017 WORKSCAPES 6PM- 9PM
1173 N Orange Ave
TICKETS AVAILABLE AT
IIDAFLC.ORG

Photography provided by:



Thank you to our sponsors:



**| | SIGNATURE
 \$1,000 SPONSOR**

Company logo in prominent location on event marketing materials. (max. 2 logos)
 Company logo on sponsor 'Thank You' board at event.
 Company logo on iidaflc.org website Calendar event page. (max. 2 logos)
 Verbal 'thank you' announcement at event.
 Space to display company sign or banner at event (size limitations apply).
 Recognized as a City Center Donor Sponsor in 2017 (\$750 minimum from one company.)
 Two sponsor & three guest designer admission ticket to the event.

**| | FOOD
 \$500 SPONSOR**

Company logo on event marketing materials. (max. 2 logos)
 Company logo on sponsor 'Thank You' board at event.
 Company name on iidaflc.org website Calendar event page.
 Verbal 'thank you' announcement at event.
 Sponsor & two guest designer admission ticket to the event.

**| | PHOTOGRAPHER
 \$300 SPONSOR**

Company logo on event marketing materials. (max. 1 logo)
 Company logo on sponsor 'Thank You' board at event.
 One sponsor & one guest admission ticket to the event.

**| | FOOD & DRINK
 \$150 SPONSOR**

Company name on event marketing materials. (max. 1 logo)
 Company logo on sponsor 'Thank You' board at event.
 One sponsor admission ticket to the event.

Registration Fees

Sponsors & Invited
 guests are free

Payment In Advance

If your attendance is not
 Sponsored but you would
 like to join us:

- \$10 Members
- \$20 Members with photo
- \$30 Non-members
- \$40 Non-members with photo
- \$5 Students
- \$10 Students with photo

Payment at the door
 Add \$5

**PHOTOGRAPHY
 SPACES ARE LIMITED**

RSVP online at
www.iidaflc.org
by March 15, 2017
 1000-1702

Name _____
 as it appears on the card

Company Name _____
 Company to be recognized as a Sponsor

Credit card _____
 Billing address _____
 _____ zip code

Phone number _____

Signature _____

Date _____

Dollar amount
 to be charged _____

Fill out this form if paying with | | American Express
 Pay **online** at www.iidaflc.org | | Visa | | MasterCard

Credit Card # _____

Expiration date _____
 _____ verification code

Please print legibly

**For more information
 about Sponsoring
 this event contact**

Elizabeth DeLaurentis
 at Elizabeth.D@iidaflc.org
 Payment online at
www.iidaflc.org
 with Visa or MasterCard
 Email this form if paying
 with Amex to
 Elizabeth.D@iidaflc.org