

Hall of Fame Guests



Please indicate the names and emails of your guests and return in the enclosed envelope with your payment.
Emails will be used to communicate about the event and will not be shared.

1. _____

email _____

2. _____

email _____

3. _____

email _____

4. _____

email _____

5. _____

email _____

6. _____

email _____

7. _____

email _____

8. _____

email _____



Montgomery County

BUSINESS

HALL



FAME

RSVP



I/We wish to support the Montgomery County Business Hall of Fame in recognition of the four business leaders who have made such a difference in our community.

☆ **Platinum – \$10,000**

- Lead table for 10
- Private pre-event reception with honorees
- Recognition as a lead sponsor in all print, signage & press materials
- Special acknowledgement in luncheon remarks & program
- Logo on MCBHOF website with link to sponsor's website
- Full-page color ad in event program

☆ **Gold – \$5,000**

- Reserved table for 8
- Private pre-event reception with honorees
- Special acknowledgement in all print, signage & press materials
- Acknowledgement during the luncheon program
- Logo on MCBHOF website
- 1/2 page color ad in event program

☆ **Silver – \$2,500**

- 5 reserved seats
- Acknowledgement in all print, signage & press materials
- Acknowledgement during the luncheon program
- Name on MCBHOF website
- 1/4 page color ad in event program

☆ **Individual tickets – \$150**

☆ _____ tickets, totaling \$_____.

☆ I would like to make a contribution to the MCBHOF Universities at Shady Grove Scholarship Fund in the amount of \$_____.

Space is limited, RSVP today!



In order to be listed in the program as a sponsor or contributor, this form must be returned by October 12, 2018.
Deadline for individual ticket sales is October 19, 2018.

REGISTRATION FORM

Contact

Company name

Address

City/State/Zip

Daytime phone

Email

PLEASE SELECT YOUR PAYMENT OPTION

☆ A check is enclosed in the amount of \$_____ for sponsorship/tickets/contribution.
Please make check payable to: [Montgomery County Business Hall of Fame](#)

☆ Please charge my VISA MasterCard AMEX Discover
\$_____

Credit card number

Exp. date

Name as it appears on card

Billing address of card

Cardholder signature

Please mail to Grossberg Company LLP, Attn: Lenore Dustin, 6500 Rock Spring Drive, Suite 200, Bethesda, MD 20817. For questions regarding payment only, please call Lenore Dustin at 301.571.1900 or email imd@grossberg.com. **Payments or donations may also be made online at www.MCBusHallofFame.com.**

You will receive a confirmation of your reservation by mail or email.