

BEYOND THE HEADLINES:

VS. VS. DE IN BREAST CANCER RESEARCH

AND MANAGEMENT IN THE NEWS

THE BREAST CANCER RESEARCH FOUNDATION® SYMPOSIUM AND AWARDS LUNCHEON

Wednesday, October 26, 2011, The Waldorf=Astoria Symposium: 9:45 a.m. - 11:30 a.m. Awards Luncheon: 11:30 a.m. - 2:00 p.m.

Name / C	ompany (Please print as you wish to be listed)	(Please print as you wish to be listed)		
Address				
City / Stat	e / Zip			
Phone	Fax E-mail			
	I/We would like to be an Underwriter at \$100,000 (or more)			
٥	I/We would like to purchase table(s) at the following level: \$\begin{align*} \\$25,000 \text{ Benefactor} & \\$15,000 \text{ Sponsor} \\ \$\text{\$\text{\$}\$} \\$10,000 \text{ Patron} & \\$\text{\$\text{\$}\$} \\$5,000 \text{ Supporter} \\ Up to two additional seats at your table of ten are available for \$2,500, \$1,600, \$1,100, \$550 per seat.			
٠	I/We would like to purchase ticket(s) at the following level: \$\text{\$\subset\$ \$\\$2,500 Platinum} \$\\$\tu\$ \$\\$1,600 Gold \$\text{\$\\$1,100 Silver} \$\\$\\$\\$\$ \$550 Bronze			
٥	☐ In addition, I/we would like to underwrite the cost of a ticket(s) for Researcher(s) at \$ (minimum of \$550 per Researcher)			
	☐ I/We are unable to attend, but enclose our fully tax-deductible contribution of \$			
	Enclosed please find a check for \$			
	Please charge my credit card for \$			
	□ Amex □ Visa □ Mastercard □ Discover			
Card Nur	nber Expiration Date			
Name on	Card Security Code			

Please make checks payable to:
THE BREAST CANCER RESEARCH FOUNDATION
Please mail the completed form or fax to 646-497-0890.
For additional information, please call 646-497-2602 or email kminster@bcrfcure.org.

I/We will attend: Symposium only Luncheon only Both

My guest(s) will be	Please seat me with