26th Annual Career Focus Luncheon
May 1st & May 2nd, 2019

Check-in: 10:45 a.m. **Program: 11:30 a.m. – 1 p.m.**

Event Registration Form

Contact person_____ Email_____

Company/Organization/Individual Name_____
(As you would like it to appear)

Address_____

City_____ State_____ Zip_____

Phone ( )_____

Please check your participation level:

_____ **Presenting Sponsor** **$5,000** (4 representatives per day at VIP tables)
_____ **Event Sponsor** **$2,500** (2 representatives per day at VIP tables)
_____ **Corporate Sponsor** **$1,250** (4 representatives per day, separate tables)
_____ **Major Table Sponsor** **$500** (2 representatives, one day ***or*** 1 representative each day)
_____ **Table Sponsor – Business** **$400** (1 representative, one day)
_____ **Table Sponsor – Individual/Non-Profit Organization** **$200** (1 representative, one day ~ examples: parents, alumni, PTO's)
_____ **I am unable to attend, but please accept my donation**

_____ Enclosed is my check for $_____ (payable to UCS Foundation)

_____ Please bill me in the amount of $_____

_____ Please charge my credit card (circle one) Visa American Express MasterCard Discover

Card Number_____ Security Code_____
(Back of the card)

Expiration Date_____ Amount Charged $_____

Name on Card_____

Signature _____

***** Please List the Names of your Representatives and date/dates attending below *****

Name of person attending	**Date attending**
1._____	_____
2._____	_____
3._____	_____
4._____	_____
5._____	_____
6._____	_____
7._____	_____
8._____	_____

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