



The discipline of learning. The art of caring.

# A Tribute To Caring

Saturday, November 10, 2012

Disneyland Hotel, 1150 Magic Way, Anaheim, CA 92802

## CONTACT INFORMATION (Please print)

Name: \_\_\_\_\_

Company or WesternU Affiliation (faculty, staff, student, alumni, parent) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

## FOR GROUPS, PLEASE LET US KNOW WHO WILL BE JOINING YOU

1. \_\_\_\_\_ 6. \_\_\_\_\_

2. \_\_\_\_\_ 7. \_\_\_\_\_

3. \_\_\_\_\_ 8. \_\_\_\_\_

4. \_\_\_\_\_ 9. \_\_\_\_\_

5. \_\_\_\_\_ 10. \_\_\_\_\_

## PLEASE INDICATE YOUR SELECTION

☐ Platinum Sponsor .....\$50,000

☐ Gold Sponsor .....\$25,000

☐ Silver Sponsor .....\$10,000

☐ Bronze Sponsor .....\$5,000

☐ Crystal Sponsor .....\$3,000

☐ Individual ticket(s) — \$300 each ..... Quantity \_\_\_\_\_ Total \$ \_\_\_\_\_

☐ Program ad only (please note, if you have selected a sponsorship, your package includes an ad)

☐ full-page: \$1,500 ☐ half-page: \$1,000 ☐ quarter-page: \$500.....Total \$ \_\_\_\_\_

☐ I regret I cannot attend, but enclosed is my contribution in support of student scholarships \$ \_\_\_\_\_

**TOTAL AMOUNT \$ \_\_\_\_\_**

## PAYMENT METHOD

☐ Enclosed is my check (Please make checks payable to Western University of Health Sciences and note "A Tribute to Caring")

☐ Please bill my: ☐ VISA ☐ MasterCard ☐ American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please respond by October 12, 2012**

**Please fill out this registration form and fax it to (909) 469-5215, or mail to ATTN: AIS Office, 309 E. Second St., Pomona, CA 91766**

**For more information or to register online, please visit  
[www.westernu.edu/tribute](http://www.westernu.edu/tribute)**

Our non-profit Tax ID is 95-3127273