

# Le Diner des Producteurs 2023

## Registration/sponsorship/donation form

### Contact information

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

Email: \_\_\_\_\_ Telephone : \_\_\_\_\_

Address : \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Official Sponsors

- |                          |                             |   |
|--------------------------|-----------------------------|---|
| <input type="checkbox"/> | <b>PLATINUM</b><br>\$50,000 | • 10 tickets • presented as a <i>Platinum Donor</i> on the big screens • presented as an <i>Official Sponsor</i> on each table • acknowledged during the speech and on the Foundation's website • acknowledged in the evening brochure (1 <sup>st</sup> page and exclusive page). |
| <input type="checkbox"/> | <b>GOLD</b><br>\$25,000     | • 5 tickets • presented as a <i>Gold Donor</i> on the big screens • presented as an <i>Official Sponsor</i> on each table • acknowledged during the speech and on the Foundation's website • acknowledged in the evening brochure (exclusive reserved 1/2 page).                  |
| <input type="checkbox"/> | <b>SILVER</b><br>\$10,000   | • 2 tickets • presented as a <i>Silver Donor</i> on the big screens • presented as an <i>Official Sponsor</i> on each table • acknowledged during the speech and on the Foundation's website • acknowledged in the evening brochure.  |
| <input type="checkbox"/> | <b>BRONZE</b><br>\$5,000    | • Acknowledged as a <i>Bronze Donor</i> in the evening brochure.  |

### Purchase Tables or Tickets

- |                          |                                     |                 |
|--------------------------|-------------------------------------|-----------------|
| <input type="checkbox"/> | Table of 10 people _____ X \$15,000 | Total: \$ _____ |
| <input type="checkbox"/> | Tickets _____ X \$1,500             | Total: \$ _____ |

### Donation

- I will not be able to attend but wish to make a donation of: \$ \_\_\_\_\_

### Method of payment (Sponsor, donation, table or ticket)

- |                          |   |             |
|--------------------------|---|-------------|
| <input type="checkbox"/> | Cheque (Payable to the Ataxia Charlevoix-Saguenay Foundation) |             |
| <input type="checkbox"/> | Visa # _____  | Exp.: _____ |
| <input type="checkbox"/> | Master Card # _____   | Exp.: _____ |
| <input type="checkbox"/> | Amex # _____  | Exp.: _____ |

Official tax receipt required?  yes  no Issue receipt in the name of: \_\_\_\_\_

Please provide an email address where receipt should be sent: \_\_\_\_\_

### Please mail your cheque accompanied with your registration form to:

Ms. Suzanne Brunet  
Ataxia Charlevoix-Saguenay Foundation  
1000 Sherbrooke St. West, Suite 2100, Montréal (Québec) H3A 3G4  
Tel. : 514-370-3625 – Email : sbrunet@arsacs.com  
Charitable organization No. : 856980321 RR0001

*You are contributing to research in neurodegenerative diseases,  
and the support of our efforts in ataxia, a rare disease.*