

AADE Houston Chapter Casino Night 2019 Sponsorship Form

Saturday, January 26, 2019 Marriott Marquis Downtown 7:00 p.m. 'til 1:00 a.m.

COMMITTEE

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TERRY GOLIGHTLY Marathon Oil 713-485-9803

Book your room:
Call Marriott Marquis
877-622-3056 or
https://book.passkey.
com/go/AADECASINO
NIGHT to receive the
group rate.
Must be booked by
January 4.

Tickets are nonrefundable. Payment must be received before tickets will be mailed.

Platinum Sponsorship Levels: (Recognition throughout event & premium seating)

Event Underwriter - \$11,500 (Incl. 3 tables for ten, \$72,000 in "Play Money")

Check One: \$5,500 each (Each Incl.1 table for ten, \$10,000 in "Play Money")

Grand Prize Sponsor Music Sponsor (2 avl) Craps Tables Sponsor

Slot Machines Sponsor Tarot Card Sponsor Caricature Sponsor (2 avl)

Photography Sponsor Photo Booth Sponsor

Gold Sponsorship Levels: (Recognition by sponsored event)

Table/Dessert Bar Sponsor - \$2,800 (Incl. 1 table for ten, \$10,000 in "Play Money")

Table/Martini Sponsor - \$2,800 (Incl. 1 table for ten, \$10,000 in "Play Money")

Table/Door Prize Sponsor - \$2,300 (Incl. 1 table for ten, \$10,000 in "Play Money")

Martini Bar Sponsor - \$1,000 (Special Recognition, no table or admission included)

Door Prize Sponsor - \$500 (Special Recognition, no table or admission included)

Other: (Limit of only one table without additional platinum and/or gold table sponsorship)

Table - \$2,000 (Incl. 1 table for 10, \$10,000 in "Play Money")

Couple's Tickets - \$475 (Admission for 2 and \$2,000 in "Play Money", open seating)

Extra Play Money - \$100 USD for \$10,000 in "Play Money"

AADE Membership - \$30 (Memberships expire December 31. Renew or become a member to keep up with all AADE events and be the first to know about next year's Casino Night!)

GRAND TOTAL Deadline: Dec 31, 2018 (unless sold out prior)

*Tickets are sold on a first come, first serve basis

Company:			
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Street:			
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		ox 107, Houston, TX 7	
Email com	ipleted form to: <u>h</u> i	<u>ouston@aade.org</u> (even	n if payment is being mailed)
Visa	MasterCard	American Express	Check
Credit Card #:		E	xpiration Date:
Name on 0	Card:		
Billing Zip Code:		Signature:	