HEAL THE OCEAN

6th Annual Benefit!
October 9, 2010
Biltmore Coral Casino Pacifica Room
1260 Channel Drive, Montecito, CA.

SPONSOR REGISTRATION

Please note: A limited number of $300 single tickets will be available to the public when invitations are mailed August 23, 2010. Please contact Heal the Ocean at (805) 965-7570 for information, or go to the donation page on our website: www.healtheocean.org

Please reply as soon as possible – sponsorships are selling fast!

Yes! I/We would like to be a sponsor for HEAL THE OCEAN'S 6TH Annual Benefit Concert on October 9, 2010!

Name(s)_____

I/We wish help sponsor the Event as:

___Yes, I/We would like to be a NEPTUNE level sponsor for a donation of $20,000 (table of 10)

___ Yes, I/We would like to be a POSEIDON level sponsor for a donation of $10,000 (table of 10)

___ Yes, I/We would like to be a NEREUS level f sponsor or a donation of $5,000 (table of 10)

___ Yes, I/We would like to be a CHARLIE TUNA level sponsor for a donation of $3,500 (table of 10)

___ Yes, I/We would like to be a FABULOUS FISH level sponsor for a donation of $1,000 for 2 tickets

_____My check payable to Heal the Ocean is enclosed.

_____Please charge my _____Visa or _____Mastercard or_____AMEX Card

Number_____ Exp. Date_____Signature_____

Sponsor Name(s)_____
Address_____
City, State, Zip_____
Phone_____E-mail_____

TABLE MATES

1. _____ 6. _____
2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

___I prefer to leave seating with other guests selected by Heal the Ocean

I regret I cannot attend the HTO Benefit this year, but I/we would love to help Heal the Ocean in the amount of:

$_____(Note: these donations will be printed in the Event Program)

Name(s)_____
Address_____
City, State, Zip_____
Phone_____E-mail_____

ADVERTISING IN THE EVENT PROGRAM
(deadline is August 20, 2010)

I would like to place an ad in the Event Program

____Full Page Ad ($500)
____Half Page Ad ($250)
____Quarter-Page Ad ($125)

Electronic Submission:
Ads can be submitted in the following formats:
___pdf file
___Photoshop tiff or jpeg file

Files can be e-mailed to Hillary@healtheocean.org

Or mailed on a CD to: HTO 2010 Benefit
Heal the Ocean,
735 State Street, #209
Santa Barbara, CA 93101

Individual or Organization Name

_____
(as you would like it to appear on all printed material)

Name(s)_____
Address_____
City, State, Zip_____
Phone_____E-mail_____

_____My check payable to Heal the Ocean is enclosed, or please charge my ____Visa or ____Mastercard
(sorry, no AMEX)
Card Number_____ Exp. Date_____Signature_____

In reference to the pages in the printed event program,
Please contact me or_____ _____ for the program ad.
(name) (phone)

Please return to Heal the Ocean
P.O. Box 90106
Santa Barbara, California 93190
Tel: (805) 965-7570 Fax: (805) 962-0651