



# S.T.A.G.E. 2017 – IDOLS AND ICONS ORDER FORM

The Saban Theatre  
8440 Wilshire Blvd., Beverly Hills, CA 90211  
Saturday, May 13, 7:30pm

Committee Member \_\_\_\_\_

### Sponsorships (See benefits in attached document)

\$50,000 Presenting Sponsor	<input type="checkbox"/>	Total \$ _____
\$25,000 Starring Sponsor	<input type="checkbox"/>	\$ _____
\$10,000 Supporting Sponsor	<input type="checkbox"/>	\$ _____
\$5,000 Featured Sponsor	<input type="checkbox"/>	\$ _____

### VIP Package Seating

Grand Benefactor Package 12 VIP Premium tickets, full page color ad, pre-show hosted bar and post-show VIP cast party	Choose Package(s)	Total
Benefactor Package 10 VIP Premium tickets, full page black & white ad, pre-show hosted bar and post-show VIP cast party	____ @ \$3600	\$ _____
Grand Patron Package 8 Premium tickets, full page black & white ad, pre-show hosted bar and post-show VIP cast party	____ @ \$3100	\$ _____
	____ @ \$1900	\$ _____

All Single VIP, Premium and General Reserved tickets (\$250, \$175, \$125, \$80 and \$40) can be purchased at [www.stagela.com](http://www.stagela.com)

### Commemorative Journal

	Ad Size	Ad Enclosed	Use Last Year's Ad	Will Email Ad	Amount
Full Page Color Ad	4-1/2" wide x 7-1/2" high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$750
Full Page Black & White Ad	4-1/2" wide x 7-1/2" high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$250
Half Page Black & White Ad	4-1/2" wide x 7-1/2" high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$125

AD ART: Preferred file format is high resolution (press resolution) PDF file – CMYK for full color ads, grayscale for Platinum, Gold, and BW ads. JPEG or TIFF files may be supplied, 300 dpi resolution at full size. If a Word file is sent, we may recreate ad at our discretion. Email ad to [crobbins@APLA.ORG](mailto:crobbins@APLA.ORG).

If you would like us to create your ad for you: Type or clearly print your message on an attached sheet and return it with this completed form by email by April 18, 2017.

### Contact Information

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please mail my ticket(s) to:

Billing address above

Other: \_\_\_\_\_

### Payment

I am unable to attend this year's S.T.A.G.E., but please accept my contribution of \$ \_\_\_\_\_ to support the important work of APLA.

A check made payable to APLA Health/STAGE2017 is enclosed \$ \_\_\_\_\_  
Please mail to: APLA Health, 611 S. Kingsley Dr., Los Angeles, CA 90005

Please charge my credit card in the amount of... \$ \_\_\_\_\_  
 MasterCard  Visa  American Express

Name on Card \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_  
(4-digit AMEX, 3-digit MC/VISA)

For More Information: Visit: [www.aplahealth.org](http://www.aplahealth.org) or [www.stagela.com](http://www.stagela.com)  
Call: 213.201.1439 Fax: 213.201.1595

*Your donation is tax-deductible less \$50 per ticket.*