

Rogers Mayor's Prayer Breakfast 2012 Reservation Form

Name / Contact Person: _____

Business / Organization / Group: _____

Address: _____

Phone: _____

E-mail Address: _____

~~~~~ ≧ **Reservations must be received by April 27th\*** ≦ ~~~~~

| Item                     | Qty | Price   | Total     |
|--------------------------|-----|---------|-----------|
| Mayor's Cabinet Sponsor  |     | \$1,000 | \$        |
| Ambassador Sponsor       |     | \$500   | \$        |
| Patriot Sponsor          |     | \$300   | \$        |
| <b>General Admission</b> |     |         |           |
| Individual Ticket        |     | \$12    | \$        |
| <b>TOTAL</b>             |     |         | <b>\$</b> |

Note on Sponsorships: Please forward your organization's logo to the email address below.

Please select  your payment method:

Credit Card:     Visa     Mastercard     Discover     American Express

Card Holder's Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

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

Invoice (bill me later)

Check enclosed

Please make check payable to:

### Rogers Mayor's Prayer Breakfast

Mail to: 821 Orleans Drive, Rogers, AR 72758

Or

Fax to: 479-631-6469

Questions? e-mail: [rogersprayerbreakfast@gmail.com](mailto:rogersprayerbreakfast@gmail.com)