



A Taste Of...

**April 21, 2016
Immaculate Conception High School**

Reservations

_____ # of tickets at \$30.00 each _____ \$250 table of 10 _____ Felician Sisters \$20.00 each

I would like to be seated with the following people:

Sponsorships

The following underwriting opportunities are available for those who wish to participate in a special way:

_____ \$ 1000 Tasting _____ \$750 Floral _____ \$500 Printing
 _____ \$250 Dessert _____ \$100 Friend _____ Other

Sponsors names will be prominently displayed at the event and in the Taste Of...program. Please indicate how you wish to be listed in the Taste of... program and signage:

Ad Journal

_____ \$1,000 Back Cover _____ \$500 Inside Front _____ \$500 Inside Back
 _____ \$200 Full Page _____ \$150 Half Page _____ \$ 50 Listing

Please send your ad copy to rgitto@ichslodi.org (pdf file preferred) (Full 8.5"x11") Half (5.5"x8.5") Quarter (5.5"x4.25")

Ad copy must be received by March 20, 2016

***Please complete the following and send with remittance
 (All checks should be made payable to: ICHS Alumnae Association)***

Name: _____ Company: _____
 Address: _____
 City/State/Zip _____
 Preferred Phone Number: _____ Fax: _____
 Email _____

Please complete this form and send with remittance to:

Immaculate Conception High School "A Taste Of"
 258 South Main Street, Lodi, New Jersey 07644
 Phone: (973) 472-7231

Proceeds from the Taste Of support tuition assistance. The Alumnae Association has awarded over \$60,000 in scholarships because of the success of the Taste Of. Thank you!