



**REGISTRATION FORM**

<b>Section I</b>	<b>Contact Information</b>	Date _____
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> _____ Name _____		
Mailing Address _____		
City _____ State _____ Zip _____		
Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____		
Email Address _____		

<b>Section II</b>	<b>Table/Ticket Information</b>			
	<b>Quantity</b>	<b>Price (each)</b>	<b>Total</b>	<b>Tax-Deductible Amount*</b>
<input type="radio"/> Premium VIP table <i>(seats 10 guests)</i>	_____	x \$2,500	= \$ _____	\$1,900
<input type="radio"/> VIP table <i>(seats 10 guests)</i>	_____	x \$1,500	= \$ _____	\$900
<input type="radio"/> Classic table <i>(seats 10 guests)</i>	_____	x \$1,250	= \$ _____	\$650
<input type="radio"/> Premium VIP tickets	_____	x \$250	= \$ _____	\$190
<input type="radio"/> VIP tickets	_____	x \$150	= \$ _____	\$90
<input type="radio"/> Classic tickets	_____	x \$125	= \$ _____	\$65
		<b>Grand Total</b>	<b>\$ _____</b>	

<b>Section III</b>	<b>Sponsorship Information</b>	
	<b>Price</b>	<b>Tax-Deductible Amount*</b>
<input type="radio"/> Scarlet Sponsor – <i>Grand Event Sponsor</i>	\$25,000	\$23,800
<input type="radio"/> Ruby Sponsor – <i>Networking/Banquet Sponsor</i>	\$10,000	\$8,800
<input type="radio"/> Crimson Sponsor – <i>Silent Auction/Photo Booth Sponsor</i>	\$5,000	\$4,400
<input type="radio"/> Vermillion Sponsor – <i>Publicity and Media Sponsor</i>	\$2,500	\$1,900
<input type="radio"/> Rose Sponsor – <i>Casino Table Sponsor</i>	\$1,500	\$1,140
<input type="radio"/> Blush Sponsor – <i>Entertainment Sponsor</i>	\$750	\$510
Name as it should appear in the program: _____		
Sponsor Contact Name _____		
Sponsor Email _____		
IMPORTANT: Please email a high-resolution corporate logo to <a href="mailto:scarlet@southasianheartcenter.org">scarlet@southasianheartcenter.org</a>		

**FAX your form to 650.966.9269 or MAIL (with checks) to**  
**South Asian Heart Center, El Camino Hospital | 2500 Grant Road, WIL 206, Mountain View, CA 94040**  
**[scarlet@southasianheartcenter.org](mailto:scarlet@southasianheartcenter.org) | 650.940.7242 | [www.southasianheartcenter.org/scarlet](http://www.southasianheartcenter.org/scarlet)**



**REGISTRATION FORM (cont.)**

**Section IV Guest Information**

Please list the names of all the guests included in your payment. Please include all contact information including salutation, last name, first name, phone number, and email. **Please check the box for each guest who prefers a vegetarian meal.**

Contact at the South Asian Heart Center for Scarlet Night \_\_\_\_\_

Salutation	First Name	Last Name	Phone Number	Email	
1.	_____	_____	_____	_____	Veg <input type="checkbox"/>
2.	_____	_____	_____	_____	Veg <input type="checkbox"/>
3.	_____	_____	_____	_____	Veg <input type="checkbox"/>
4.	_____	_____	_____	_____	Veg <input type="checkbox"/>
5.	_____	_____	_____	_____	Veg <input type="checkbox"/>
6.	_____	_____	_____	_____	Veg <input type="checkbox"/>
7.	_____	_____	_____	_____	Veg <input type="checkbox"/>
8.	_____	_____	_____	_____	Veg <input type="checkbox"/>
9.	_____	_____	_____	_____	Veg <input type="checkbox"/>
10.	_____	_____	_____	_____	Veg <input type="checkbox"/>

**Section V Payment Information**

**Amount Total**

- Ticket Total (from Section II) \$ \_\_\_\_\_
- Sponsorship Total (from Section III) \$ \_\_\_\_\_
- Donation\* (to South Asian Heart Center) \$ \_\_\_\_\_

**Grand Total** \$ \_\_\_\_\_

**Payment type**

- Cash
- Check (payable to El Camino Hospital Foundation)
- VISA
- MasterCard
- American Express

**Payment Details [Attach payment here]**

Credit Card Number \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

South Asian Heart Center, El Camino Hospital Foundation is a non-profit 501(c)3 organization. Tax ID #94-2823235.

\*Your tickets/sponsorship/donation is tax deductible as allowed by law. Net proceeds from the event will be directed to the Awareness, Prevention, Education, and Research initiatives of the Center. Thank you for your generous support of the cause.

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