



EXCELLENCE

RESERVATION FORM 2007 WALTER CRONKITE AWARD FOR EXCELLENCE IN JOURNALISM LUNCHEON NOVEMBER 12, 2007

Company: _____ Contact Name: _____

Address: _____

Daytime Phone Number: _____ Fax Number: _____

Email Address: _____

	Cronkite Circle	President's Circle	Dean's Circle	Supporter Table
Payment Amount	\$10,000	\$6,000	\$3,000	\$1,500
Charitable Contribution	\$9,090	\$5,120	\$2,160	\$700

PLEASE _____ Cronkite Circle table(s) @ \$10,000 per table of 10 \$ _____
RESERVE _____ President's Circle table(s) @ \$6,000 per table of 10 \$ _____
_____ Dean's Circle table(s) @ \$3,000 per table of 10 \$ _____
_____ Supporter table(s) @ \$1,500 per table of 10 \$ _____
_____ Individual ticket(s) @ \$150 (charitable contribution is \$70) \$ _____
_____ I cannot attend, but I would like to make a donation \$ _____
GRAND TOTAL: \$ _____

Reserve the table(s)/seat(s) under the name of: _____

Please note any special dietary or physical accommodations required for anyone in your party:

Payment may be made by check or credit card. Checks must be made out to the ASU FOUNDATION. Funds will be deposited with the ASU Foundation, a separate non-profit organization that exists primarily to support ASU.

Check Enclosed MasterCard Visa American Express

Credit Card Number: _____ Expiration Date: _____

Signature: _____

Please reserve your table early. We anticipate that this event will sell out.

**Return FORM with payment to
OR for more information:**

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and Mass Communication

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