



Annual Awards Ceremony

New Horizons *60th Anniversary* Annual Awards Ceremony & Banquet

Thursday, October 17, 2024 at 7:00pm

at Petruzzello's Banquet & Conference Center
Plated Dinner & Cash Bar

Doors open at 6:00pm for registration and program begins promptly at 7:00pm

ENTERTAINMENT

Event Emcee: Rachel Giordano, S&G Media Group

Featuring: "The Magic Soiree": A Magic Comedy Show

Please join us for a heartwarming evening honoring exceptional individuals, community leaders and companies who provide support, opportunities and encouragement to New Horizons and the individuals we serve.

PRICES

Table for Ten - \$450 • Individual - \$50

Individuals with Disabilities - \$15

TO SPONSOR THE ANNUAL AWARDS CEREMONY OR TO PURCHASE A SEAT

Online Registration Available at www.NewHorizonsRehab.org
Click on Events & Giving, then Annual Awards Ceremony Banquet

OR fill-in information below and mail or fax this form to:
ATTN: Annual Awards • 1814 Pond Run
Auburn Hills, MI 48326

Phone: (248) 340-0559 • Fax: (248) 340-0689

SPONSORSHIP OPPORTUNITIES

Event Sponsor • \$2,000

- Company name/logo on Sponsor Board at event
- Company recognition during Awards Ceremony and on Agency social media sites
- Name in Awards Program
- Company name/logo on table display
- Company listing in Annual Report
- Name in our agency newsletter
- Includes two (2) tables of ten

Awards Sponsor • \$1,000

- Company name/logo on Sponsor Board at event
- Name in Awards Program
- Company name/logo on table display
- Company listing in Annual Report
- Name in our agency newsletter
- Includes table of ten

Table Sponsor • \$500

- Name on Sponsor Board at event
- Name in Awards Program
- Name on table display
- Includes table of ten

Friends & Supporters • \$100

- Name on Sponsor Board at event
- Name in Awards Program

SPONSOR INFORMATION PAYMENT

RSVP by 9/27 for Seating, 9/20 for Sponsorships

Name _____

Organization _____

Address/City/State/Zip _____

Phone _____ Email _____

Sponsorship Level & Amount _____

Amount \$ _____ # of seats _____

Check or Charge to VISA, MC, AMEX, DISCOVER (circle one)

Card # _____ Expiration Date _____

Signature _____

Please make checks payable to "New Horizons"

Names of Guests Attending: (Please Print)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Special accommodation required for guest(s) # _____

Accommodation(s): _____