



Casino Night Sponsorship Opportunities

Casino Night Sponsorships assist NARI of Central Ohio by defraying the cost partially or totally for activities held at NARI's Casino Night. Sponsorship provides exposure for your company name and identifies your support of NARI of Central Ohio.

Vendor Table Tops

\$150.00 plus an auction item with a retail value of at least \$100

Includes: 6' skirted table

1 admission to the event

Recognition in the NARI newsletter

Gaming Table Sponsor—16 available

\$250.00

Includes: Recognition at Gaming Table
Opportunity to provide a dealer
Recognition in NARI newsletter

10 - Black Jack Tables
1 - Craps Table
1 - Roulette Table
4 - Texas Hold'em Tables

Table Top & Gaming Table Sponsor

\$400.00 plus an auction item retail value of at least \$100

Includes all of the above plus:

1 additional admission to the event

NARI Website ad for a quarter (April, May and June)

Food Sponsor

\$500.00

Sponsor the food for the evening - heavy hors d'oeuvres

Beverage Sponsor

\$200.00

Sponsor soft drinks and water for the evening



Sponsors receive \$10,000 additional Casino Bucks.

Reservations made & paid by March 1 receive an additional \$5,000 Casino Bucks.



Deadline for Sponsorship March 10, 2010

Registration\Sponsorship Form — return to NARI, 285 N. State St., Ste. 102, Westerville, OH 43081
Or call (614) 895-3080 or visit our website events page at TRUSTNARI.org

Company Name: _____

Contact: _____

Number of attendees _____ at \$35.00 each = _____

Phone Number: _____

Persons attending: _____

Sign me up for a Vendor Table at \$150.00 plus an auction item of \$100 retail value (includes 1 admission)

Sign me up to sponsor a Gaming Table at \$250.00

* I will provide a dealer for the entire evening ___YES ___NO

* I will provide a dealer for 1/2 of the evening ___YES ___NO

I want a Vendor Table and Gaming Table at \$400.00 plus an auction item of \$100 retail value (includes 2 admissions & website ad)

Payment must accompany reservation.

Total amount enclosed _____

Credit card payment:

Type of card: ___ MC ___ VISA

Card Number: _____

Exp: _____ CVV Code: _____

Billing Address: _____

City: _____ ST. _____ Zip _____

Total Amount to be charged: \$ _____

Signature: _____