



TICKET REPLY CARD

Name: _____

Company: _____

Address: _____

Telephone #: _____

Email Address: _____

Ticket	Price	# of Tickets	Amount
Regular	\$75		\$
Seniors & Students	\$35		\$
Total			\$

I want to donate: \$ _____

I want my donation
anonymous

NAME OF ATTENDEES:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

To pay online, visit mktix.com/cmaa | For questions, call 978-454-6200
Please mail completed card & check to CMAA, 465 School Street, Lowell, MA 01851

Thank you for your generous support!



SPONSORSHIP REPLY CARD

Name: _____

Company: _____

Address: _____

Telephone #: _____

Email Address: _____

I want to sponsor at this level:

\$10,000 - Platinum

\$5,000 - Gold

\$2,500 - Silver

\$1,000 - Bronze

Other amount*: _____

*Amounts lower than \$1,000 will be acknowledged in the event program handout and on CMAA website.

NAME OF ATTENDEES:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

To pay online, visit mktix.com/cmaa | For questions, call 978-454-6200

Please mail completed card & check to CMAA

465 School Street,, Lowell, MA 01851

Thank you for your generous support!