California Grocers Association Educational Foundation

Invites you to join your industry peers in honoring

KEVIN DAVIS
Bristol Farms

&

BOB KELLY
Hidden Villa Ranch

Kevin Davis & Bob Kelly will be inducted into the CGA Educational Foundation Hall of Achievement at an Awards Dinner on Wednesday, March 21, 2018, at the Hilton Costa Mesa in Costa Mesa, California.

Reception: 5:00 - 6:00 p.m. • Dinner/Program: 6:00 - 9:00 p.m.

Registration is available online at: www.cgaef.org.

Package Deals:

☐ Platinum Dinner Sponsor – $11,500
Includes priority seating for 10 with an opportunity to host one Bristol Farms executive, full page color ad with preferred positioning, dinner sponsorship with recognition at the event, on signage and in program.

☐ Gold Reception Sponsor – $9,000
Includes preferred seating for 10 with an opportunity to host one Bristol Farms employee, full page color ad, reception sponsorship with recognition at the event, on signage and in program.

☐ Silver Package – $7,500
Includes seating for 10, full page color ad.

☐ Bronze Package – $5,500
Includes seating for 10, half page color ad.

☐ I am unable to attend, but would like to contribute: $ _____

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-Mail: _____

Questions? Call Brianne Page at (916) 448-3545, or e-mail: foundation@cagrocers.com.

A La Carte:

☐ Table of 10 ..... $4,500
☐ Individual tickets (# of tickets ___)..... $550/ea.
☐ Tribute Journal Ads:

- ☐ Back Cover $5,000
- ☐ Inside Front/Back Cover $4,500
- ☐ Full Page Color..... $4,000
- ☐ Full Page B & W $3,000
- ☐ 1/2 Page Color $2,500
- ☐ 1/2 Page B & W..... $2,000

Deadline is Wednesday, February 28, 2018

All proceeds benefit the Foundation's College Scholarship, Tuition Reimbursement and Industry Education programs. A portion of each ticket purchase is deductible as a charitable contribution. All advertisements and sponsorships are tax deductible contributions.

Payment: ☐ Check ☐ Credit Card ☐ Invoice

Credit Card: ☐ VISA ☐ MasterCard ☐ American Express

Credit Card No.: _____

Exp. Date: _____ Security Code: _____

Name on Card: _____

Signature: _____

Fax this form to: (916) 448-2793, or mail to:
CGAEF, 1215 K Street, Suite 700, Sacramento, CA 95814