

**2nd ANNUAL MERCHANT MARINER OF THE YEAR AWARDS LUNCHEON
CORPORATE TABLE SPONSORSHIP RESERVATION FORM**

A corporate table sponsorship check in the amount of **\$350** given in direct support of the Honolulu Council Navy League's Merchant Mariner of the Year Awards Luncheon entitles you to the following:

- A tax-deductible contribution to the extent provided by law in accordance with 501(c)(3) of the Internal Revenue Service Code
- Two luncheon reservations for yourself or your designated representative
- A reserved table prominently marked with sponsoring name (personal or company)
- Sponsor recognition on the official program

PLEASE RESPOND NO LATER THAN TUESDAY, MAY 17th DEADLINE!!!

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| <p>2nd ANNUAL HONOLULU COUNCIL NAVY LEAGUE'S MERCHANT MARINER OF THE YEAR LUNCHEON HALE KOA HOTEL – WAIKIKI BALLROOM FRIDAY, MAY 21, 2010 11:30 A.M. – 1:15 P.M. CHECK IN AT 11:00 A.M.</p> |
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2nd ANNUAL MERCHANT MARINER OF THE YEAR

Sponsor's Name: _____
(Please print the actual name that you would want to appear at the table and on the official program)

Name(s) of Sponsor Representative/Guest attending luncheon: 1. _____ 2. _____
(Lunch for you and one guest is included in the \$350 sponsor contribution.)

Please list the names of any additional guests who are most welcome to attend at \$35 per person. (Additional guests will be seated at your sponsored table whenever possible.)

Names of Additional Guest(s):

1. _____ 2. _____

I cannot purchase a table at this time, but I would like to attend and sponsor a Merchant Mariner nominee's meal or bring a guest at \$35 per person

Names of Attendees:

1. _____ 2. _____

Please make check payable to the "*Honolulu Council Navy League*" and mail together with this form to:

**Honolulu Council Navy League
P.O. Box 31032
Honolulu, HI 96820-1032**

I authorize the amount of \$ _____ charged to my credit card. (For credit card payment, fax to (808) 423-0749.)

VISA MasterCard Account # _____ Exp Date: ____/____

Your 3-Digit Security Code (found on back of your credit card in signature block) _____

Phone Number: _____ Signature: _____