

CARNIVALE *du Vin*

REPLY CARD

Full payment is required to reserve your space.
We will do our absolute best to honor all requests, but availability is limited.

NAMES (TO BE LISTED IN PROGRAM).....

ADDITIONAL GUEST NAMES (*Email final guest list to nlaan@emeril.org by November 1, 2010*)
.....

BILLING ADDRESS.....

EMAIL ADDRESS.....

HOME PHONE..... CELL..... BUSINESS.....

READY TO REVEL AT:

.....GRAND MARSHAL
LEVEL SPONSOR (\$30,000)
*Table of 10 Seats
10 Passes to Sponsor Welcome Reception
1/2 Page Ad in Catalog*

.....CAPTAIN'S TABLE
(\$9,000)
*Table of 10 Seats
1/4 Page Ad in Catalog
(\$10,000 after July 31)*

.....TWELFTH NIGHT REVELER
(\$1,000)
Individual Ticket

.....Unable to attend, but please accept my donation of \$.....

PAYMENT

_____ Check Enclosed in the amount of \$.....
We encourage payment by check payable to Emeril Lagasse Foundation.

_____ Credit Card Payment in the amount of \$.....
_____ Visa _____ MasterCard _____ American Express

NAME ON CARD.....

CARD NUMBER.....

EXPIRATION DATE..... SECURITY CODE.....

SIGNATURE.....

BILLING ADDRESS.....

CONTACT NUMBER.....

TICKET PICK-UP:

Tickets will not be mailed. Ticket Pick-Up begins event weekend.
Guests are welcome to pre-register for auction purchases, pick up auction catalog and pre-bid.
All auction purchases will be charged to above credit card unless another form of payment is presented when picking up purchases.

CONTACT EMERIL LAGASSE FOUNDATION

www.carnivaleduvin.com • www.emeril.org

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