

Statesman's Dinner and Sunshine Summit Tickets

3-Day Pass – Ticket to Statesman's Dinner and both days of Sunshine Summit.
Statesman's Dinner November 12th and Sunshine Summit November 13th-14th

- \$10,000** **VIP Table Package:** *Statesman's Dinner*, One (1) table seating Ten (10), Four (4) VIP Dinner Reception Tickets.
Sunshine Summit, Ten (10) reserved seating passes with access to VIP Registration, Welcome Reception, VIP Lounge (both days), and Major Donor Breakfast (Saturday, November 14th).
- \$5,000** **General Table Package:** *Statesman's Dinner*, One (1) reserved table seating Ten (10). *Sunshine Summit*, Ten (10) general seating passes.
- \$1,000** **VIP 3-Day Pass:** *Statesman's Dinner*, One (1) premium seat.
Sunshine Summit, One (1) reserved seating pass with access to VIP Registration and an Exclusive RPOF Breakfast with Key Note speaker.
- \$300** **General 3-Day Pass:** *Statesman's Dinner*, One (1) general seat.
Sunshine Summit, One (1) general seating pass.

Sunshine Summit Tickets

2-Day Pass – Ticket to both days of Sunshine Summit. Single day passes will not be sold.
Sunshine Summit November 13th-14th

- \$500** **VIP 2-Day Pass:** *Sunshine Summit*, One (1) reserved seating pass with access to VIP Registration and an Exclusive RPOF Breakfast with Key Note speaker.
- \$200** **General 2-Day Pass:** *Sunshine Summit*, One (1) general seating pass.

For information about Table Packages and Sponsorship Opportunities contact
Heather Manso at 850-222-7920

For general questions visit our website www.sunshinesummit.gov or
email questions to sunshinesummit@florida.gov.

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Employer: _____ Occupation: _____

FEDERAL LAW REQUIRES US TO USE OUR BEST EFFORTS TO COLLECT AND REPORT THE NAME, MAILING ADDRESS, OCCUPATION, AND NAME OF EMPLOYER FOR EACH INDIVIDUAL WHOSE CONTRIBUTION(S) EXCEED \$200 IN A CALENDAR YEAR.

NAME: _____

OCCUPATION: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

MOBILE: _____ HOME: _____

E-MAIL: _____

(*For businesses: Please indicate the nature of your business on the occupation line)

• • • • • PAYMENT TYPE • • • • •

AMOUNT: \$ _____

CASH CHECK/MONEY ORDER

AMEX VISA MASTERCARD DISCOVER

CARD NUMBER: _____

EXP. DATE: _____

PERSONAL OR BUSINESS CREDIT CARD: _____

SECURITY CODE (3-4 DIGIT ON BACK OF CARD): _____

SIGNATURE: _____

DATE: _____

MAKE CHECK(S) PAYABLE TO: *REPUBLICAN PARTY OF FLORIDA*