Annual Awards Ceremony

New Horizons 60th Anniversary
Annual Awards Ceremony & Banquet
Thursday, October 17, 2024 at 7:00pm
at Petruzello’s Banquet & Conference Center
Plated Dinner & Cash Bar
Doors open at 6:00pm for registration and program begins promptly at 7:00pm

ENTERTAINMENT
Event Emcee: Rachel Giordano, S&G Media Group
Please join us for a heartwarming evening honoring exceptional individuals, community leaders and companies who provide support, opportunities and encouragement to New Horizons and the individuals we serve.

PRICES
Table for Ten - $450 • Individual - $50
Individuals with Disabilities - $15

TO SPONSOR THE ANNUAL AWARDS CEREMONY OR TO PURCHASE A SEAT
Online Registration Available at www.NewHorizonsRehab.org
Click on Events & Giving, then Annual Awards Ceremony Banquet

OR fill-in information below and mail or fax this form to:
ATTN: Annual Awards • 1814 Pond Run
Auburn Hills, MI 48326
Phone: (248) 340-0559 • Fax: (248) 340-0689

SPONSORSHIP OPPORTUNITIES
Event Sponsor • $2,000
• Company name/logo on Sponsor Board at event
• Company recognition during Awards Ceremony and on Agency social media sites
• Name in Awards Program
• Company name/logo on table display
• Company listing in Annual Report
• Name in our agency newsletter
• Includes two (2) tables of ten

Awards Sponsor • $1,000
• Company name/logo on Sponsor Board at event
• Name in Awards Program
• Company name/logo on table display
• Company listing in Annual Report
• Name in our agency newsletter
• Includes table of ten

Table Sponsor • $500
• Name on Sponsor Board at event
• Name in Awards Program
• Name on table display
• Includes table of ten

Friends & Supporters • $100
• Name on Sponsor Board at event
• Name in Awards Program

SPONSOR INFORMATION PAYMENT
RSVP by 9/27 for Seating, 9/20 for Sponsorships

Name ____________________________________________
Organization ______________________________________
Address/City/State/Zip ________________________________
Phone ______ Email __________________
Sponsorship Level & Amount _______________________
Amount $ ____________________ # of seats ____________
Check or Charge to VISA, MC, AMEX, DISCOVER (circle one)
Card # ___________ Expiration Date ____________
Signature ________________________________________

Please make checks payable to “New Horizons”

Names of Guests Attending: (Please Print)
1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
4. ________________________________________________
5. ________________________________________________
6. ________________________________________________
7. ________________________________________________
8. ________________________________________________
9. ________________________________________________
10. ________________________________________________

☐ Special accommodation required for guest(s) # ______ Accommodation(s): ____________

New Horizons Rehabilitation Services, Inc. is a charitable organization under Section 501(c)(3) of the IRS Code. Contributions are tax deductible as provided by law.