

**Institute of International Education
90th Anniversary Gala**

Wednesday, September 23, 2009 • Mandarin Oriental Hotel • New York City

REPLY FORM

RESERVE A TABLE(S):

- ___ **Underwriter** **\$100,000** – includes a table of ten in a prime location; visible signage throughout the event; prominent listing in the invitation; and a full-page ad in the evening's program.
- ___ **Corporate Sponsor** **\$50,000** – includes a table of ten in a prime location; prominent listing in the invitation; and a full-page ad in the evening's program.
- ___ **Vice Chair** **\$25,000** – includes a table of ten in a prime location; prominent listing in the invitation; and a half-page ad in the evening's program.
- ___ **Associate Chair** **\$10,000** – includes a table of ten and listings in both the invitation and the evening's program.

RESERVE TICKET(S) -- please indicate how many tickets:

- ___ **Benefactor** **\$2,500** – includes one ticket and prominent listings in both the invitation and evening's program.
- ___ **Patron** **\$1,000** – includes one ticket and listings in both the invitation and evening's program.
- ___ **Sponsor** **\$250** – I cannot attend, but I would like to sponsor one grantee of an IIE-administered program, such as a Fulbright student, to attend the dinner.

CONTRIBUTION:

___ I cannot attend, but please accept a contribution in the amount of \$_____.

HOST A STUDENT AT YOUR TABLE:

___ I would like to host ___ international student(s) or scholar(s) participating in an IIE program at my table.
(please indicate how many seats you would like us to fill)

Name _____
(as you wish to appear in printed materials)

Company _____

Address _____

City, State, Zip _____

Daytime Phone _____ Fax _____ E-mail _____

PAYMENT:

___ Check enclosed or please charge ___ MC ___ VISA ___ AMEX

Card No. _____ Exp. (____/____)

Signature _____ Date _____

This year's gala has been generously underwritten by the Angelson Family Foundation.
All but \$175 of the price of each ticket is tax-deductible; contributions are fully tax-deductible.

*Please make checks payable to: **Institute of International Education**
and mail c/o Benefit Office, One West Avenue, Suite # 208, Larchmont, NY 10538.*

If you prefer you may fax your response to (914) 834-2369.

For more information, please call (914) 834-2868.