

Guest Information

Guest Name(s) *(Please enclose a separate sheet with additional names or register online at ipmn.org)*

Vegetarian meal(s) preferred _____
Qty

Sponsorship Level (select one of the following):

- Student Qty: _____ \$65 per seat (limited quantity)
- Government Employee Qty: _____ \$80 per seat (\$30*) (limited quantity)
- Individual Sponsor Qty: _____ \$100 per seat (\$50*)
- Silver Sponsor \$1,500 (table of 10) (\$950*)
- Gold Sponsor \$3,000 (table of 10) (\$2,450*)
- Platinum Sponsor \$5,000 (2 tables of 10) (\$3,900*)
- Diamond Sponsor \$10,000 (2 tables of 10) (\$8,500*)
- Presenting Sponsor \$25,000 (2 tables of 10) (\$21,900*)
- Unavailable to attend but wish to Donate: \$ _____
Amount
- Additional Contribution: \$ _____
Amount

**tax deductible amount*

Payment Information

Check (made payable to *Innocence Project of Minnesota*)

Credit Card (select one of the following):

- Visa MasterCard
- Discover American Express

Name (as it appears on your card)

Credit Card Number

/ \$

Expiration Date

Amount

Signature

Email

Phone Number

Your payment will appear on your statement as a charge from Hamline University.