

Frontiers of Flight Museum

*Opening Celebration Gala
Table-Pre Sales Agreement*



Name(s): _____

Corporate Title: (if applicable) _____

Company (if applicable) _____

Daytime phone: _____ email _____

We are delighted to participate and support the programs and services of the Frontiers of Flight Museum. Please commit us a table during this pre-sales period at the following level:

<u>Table Options</u>	<u>pre-sales</u>	<u># of tables</u>
Commander level	\$25,000	_____
Apollo Level	\$15,000	_____
Aviators Level	\$10,000	_____
Early Dreamers Level	\$ 5,000	_____
Flight Crew Level	\$ 3,500	_____
Individual Ticket Level	\$250each	_____

I will be unable to attend but wish to make a contribution to the Frontiers of Flight Museum. \$ _____

Method of payment: Bill me _____ (payment must be received by May 15, 2004)

American Express# _____ expiration date _____

Discover Card# _____ expiration date _____

Mastercard # _____ expiration date _____

Visa# _____ expiration date _____

I wish to be acknowledged/recognized in the program as follows:

Signature: _____ date: _____

OR FAX YOUR TABLE PRE SALES COMMITMENT TO 214-350-0286