

# 2024 SPECTRUM VIP TABLES/ SPONSORSHIP

Tables MUST be reserved with 50% non-refundable deposit. Remaining balance MUST be paid in full within 30 days. NO EXCEPTIONS

TABLE NAME: \_\_\_\_\_

( ) PLATINUM SPONSOR \_\_\_\_\_ @ \$5,500.00= \$ \_\_\_\_\_

( ) DIAMOND SPONSOR \_\_\_\_\_ @ \$3,500.00= \$ \_\_\_\_\_

( ) EMERALD SPONSOR \_\_\_\_\_ @ \$2,500.00= \$ \_\_\_\_\_

( ) GOLD SPONSOR \_\_\_\_\_ @ \$1,500.00= \$ \_\_\_\_\_

( ) SILVER SPONSOR \_\_\_\_\_ @ \$ 1,000.00= \$ \_\_\_\_\_

I prefer to have table (1<sup>st</sup>choice)# \_\_\_\_\_ 2<sup>nd</sup> choice # \_\_\_\_\_ subject to availability.

SPECIAL REQUESTS: \_\_\_\_\_

**Special Requests cannot be guaranteed.**

Please make sure to provide an e-mail address where we can send confirmation & receipt.

## CREDIT CARD AUTHORIZATION

Master Card ( ) Visa ( ) American Express ( ) Discover ( )

Account # \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV# \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

I, we hereby authorize Florida PFHA to charge my above referenced credit card account the total amount of \$ \_\_\_\_\_

Will this same credit card be used to pay the remaining balance within 30 days \_\_\_\_\_ if so, we will process payment within 30 days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* NO PHONE REQUESTS WILL BE ACCEPTED\*\***

REQUESTS MUST BE ACCOMPANIED W/ CREDIT CARD AUTHORIZATION OR CHECK PAYABLE TO:  
FLORIDA PFHA.

**Please note that credit cards will be charged a 4% processing fee & checks will be deposited upon receipt of this form.**

Please fax this form to: (305) 675-2823

E-mail to: [flshows@floridapfha.org](mailto:flshows@floridapfha.org) or [felicia@floridapfha.org](mailto:felicia@floridapfha.org)

Or mail along with check or money order to:

Florida PFHA  
17980 SW 228 Street  
Miami, FL. 33170