

The National High School Musical Theater Awards "The Jimmy Awards"

Named in honor of

James M. Nederlander, esteemed Man of the Theater

Monday, June 29th, 2009 - 7:30pm

Skirball Center for the Performing Arts, NYU

Reply Card

Please reserve the following:

Palace \$20,000

- 10 Premium orchestra tickets
- 10 Post-show reception tickets
- Back cover advertisement in program
- Banner ad on the NHSMTA website
- On-stage thank you from the host

Pantages \$10,000

- 6 Premium orchestra tickets
- 6 Post-show reception tickets
- ½ page advertisement in the program
- Listing on the NHSMTA website
- On-stage thank you from the host

Aldwych \$5,000

- 4 Premium orchestra tickets
- 4 Post-show reception tickets
- Listing in the program
- On-stage thank you from the host

Oriental \$1,000

- 2 Orchestra tickets
- 2 Post-show reception tickets
- Listing in the program

Greek \$500

- 1 Orchestra ticket
- 1 Post-show reception ticket
- Listing in program

Fisher \$125

- 1 Orchestra ticket (industry rate)
- Listing in program

Please make checks payable to:

PCLO-NHS Musical Theater Awards Education Fund and mail to:

NHSMTA, 719 Liberty Avenue 6th Floor, Pittsburgh, PA 15222 or fax to 412-281-5339.

Contributions to the PCLO-NHS Musical Theater Education Fund support the educational efforts of the National High School Musical Theater Awards - "The Jimmy Awards" and are tax deductible to the fullest extent allowed by law.

For additional information, please contact: Wynne Fedele at the Pittsburgh CLO Office at **412-281-3973** email: wfedele@pittsburghclo.org

Program Listing: Please list your name and/or company exactly as you would like it to appear in the Playbill using the space below:

Contribution: I am unable to attend, but I am pleased to support the NHS Musical Theater Awards with my tax-deductible contribution in the amount of \$ _____

Name _____

Title _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-mail Address: _____

PAYMENT INFORMATION:

Please Charge my Credit Card: (check one)    

Card Number: _____ Exp. Date: _____

Name on Card _____

Signature: _____