

REPLY SLIP

Please complete and return this form by 3rd October 2024 (Thursday) via mail to 21/F., Elite Centre, 22 Hung To Road, Kowloon (Attn: Marketing Department) or email to event@apf.org.hk.

	Internal Use APS / APF / Aspire
Name:	,,,
Ref number:	
Receive Date:	
Dloaco " •	" in the relevant hay/ocl

A. TABLE SUBSCRIPTION

Event Date: 9th November 2024 (Saturday)

Time: 6:30pm Cocktails | 7:30pm Dinner

Venue: Harbour Grand Hong Kong

Grand Ballroom, 1/F, 23 Oil Street, North Point

Attire: Grecian Fantasy: Glitter, Gold and Glamour

Table for 10 seats*

	Price (HKD)	No. of table(s)
Platinum	\$32,880 / table	
Gold	\$28,880 / table	

^{*} A unique guest invitation link will be sent to you separately for your guest invitation use.

Individual Seat(s)#

	Price (HKD)	No. of seat(s)
Platinum	\$3,500 / seat	
Gold	\$3,000 / seat	

[#] Please provide the guest's name and meal choice for arrangement:

Guest Name	Meal Preference (Beef / Fish / Vegetarian)	Guest Name	Meal Preference (Beef / Fish / Vegetarian)
(Example) Mr. Peter Chan	Beef		
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.			

ADVERTISEMENT В.

	Ad Position	Early Bird Rate ² (HKD)	Ad Rate (HKD)	Quantity
	Center Spread ¹	\$6,880	\$7,888	1
	Double Page Spread (DPS)	\$5,380	\$6,288	
	Inside Back Cover (IB) ¹	\$4,998	\$5,888	1
	Run-of-Page Full Page (ROP)	\$2,888	\$3,288	
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Remarks:

RAFFLE TICKET PRIZE SPONSORSHIP

	Name of Prize	Quantity	Unit Value (HKD)	Total Value (HKD)
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$

Remarks

- The minimum total value is HKD\$1,000
- APF reserves the right to retain the unclaimed prize(s)

Should you have other sponsorship suggestions, welcome to contact us at event@apf.org.hk for further discussion.

D. DONATION SUPPOR

I / We cannot attend but would like to support APF with a c	donation HKD\$
- A tax-deductible donation receipt issued for HKD\$100 or	above.
- Text acknowledgement in gala dinner booklet and annua	Il report for a donation of \$10,000 or above.
☐ Please send me a receipt	
Name on receipt:	E-mail:

PAYI

Na	me on receipt:	E-mail:
MEN.	T METHODS	
		Total Amount: HKD\$
	Crossed Cheque (Payable to "Autism Partner	rship Foundation Limited")
	Bank: Chequ	ue Number:
	Please mail with the reply slip	
	Direct Bank Transfer (HSBC Account Number	er: 809-342-942-001)
	Please send the bank-in slip along with the reply sli	ip
	FPS (FPS ID: 161516281)	
	Please provide the screen capture along with the re	eply slip
	Credit Card (□ Visa □ Master □ America	an Express)
	Cardholder's Name:	Credit Card Number:
	Expiry Date (MM / YY):	Signature:
		2/3

¹ In a first come first serve based

² The early bird deadline will be 12th September 2024, and according to the form received date.

DONOR INFORMATION

Individual						
Salutation:	□ Mr.	□ Ms.	□ Miss.	□ Dr.	□ Prof.	□ Others:
Name:						
Contact Number:						
Email:						
Acknowledged as*:						
			above name table subsc			
Corporate / Organisa	tion					
Company / Organisa	tion Nam	e:				
Contact Person Details	<u>3</u>					
Salutation:	□ Mr.	□ Ms.	□ Miss.	□ Dr.	□ Prof.	□ Others:
Name:						
Position:						
Office Number						
Mobile number:						
Email:						
Acknowledged as*:						
			above comp table subsc		ganisation	name

The our foundation.

 $\hfill \square$ I / We disagree to receive any information from APF.

GALA DINNER ACKNOWLEDGEMENT

	Name on Annual Report	Name / Logo on Gala Dinner Booklet	Thank you letter / email
Table subscription (Table)	✓	✓	✓
Table subscription (Individual Seat)			✓
Advertisement			√
Raffle Ticket Gifts Sponsorship	√	√	√