



## CELEBRITY WAITER EVENT - PARTNER AGREEMENT

Date: February 24, 2012

Time: 7:00-11:00 pm

Location: Hyatt Regency Austin, 208 Barton Springs Road

Send completed form with Check to: Sharon Morton, WCR Texas Treasurer: 17515 Spring Cypress Rd., #C-319 Cypress TX 77429

OR Email to: [Sharon@sharonmorton.com](mailto:Sharon@sharonmorton.com) Or Fax to: Sharon Morton @ 281-763-2641

**PARTNER INFORMATION** (Please print clearly and complete all fields)

Company Name (as it should appear in print) \_\_\_\_\_

Your Name \_\_\_\_\_

Title \_\_\_\_\_

Company Phone \_\_\_\_\_

Your Direct Line \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

We wish to participate at the following **EVENT PARTNERSHIP LEVEL** and understand that *payment is required at signing*

- **Platinum Player Level - \$500**  
 2-Tickets to event; Recognition at the event; Speak for 3-minutes; Name & Logo on WCR Texas website (regarding February event, located under Calendar Tab/Celebrity Waiter Event) with a link back to your Company website; Company Logo on all Celebrity Waiter Event marketing material
- **Golden Nugget Level - \$350**  
 1-Ticket to event; Recognition at the event; Name and Logo on WCR Texas website (regarding February event, located under Calendar Tab/Celebrity Waiter Event) with a link back to your Company website; Company Logo on all Celebrity Waiter Event marketing material
- **Casino Level - \$200**  
 Recognition at the event; Name & Logo on WCR Texas website (regarding February event, located under Calendar Tab/Celebrity Waiter Event) with a link back to your Company website; Logo on all Celebrity Waiter Event marketing material

**By signing this Partner Agreement with WCR Texas, my Company and I agree to make our payment prior to the Event.**

**Payment Method**

Check enclosed payable to WCR Texas

Please charge my credit card : VISA \_\_\_\_\_ or Master Card \_\_\_\_\_

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

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CID# \_\_\_\_\_

**Authorized Cardholder's Name** \_\_\_\_\_

**Billing Address (Street, City, Zip)** \_\_\_\_\_

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