

16th Annual MMPA Oscar Week Student Filmmakers Scholarship Luncheon

Name: _____

Phone: _____ Fax: _____

Company: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Table & Individual Seating Rates

Filmmaker Table of 10 @ \$3,000 or \$300 per person: _____

Executive Producer Table of 10 @ \$2,500 or \$250 per person: _____

Producer Table of 10 @ \$2,000 or \$200 per person: _____

Enclosed is our check/credit card authorization in the amount of \$ _____

Visa MC AMEX _____ Exp. _____

Name as it appears on card _____

Signature _____

I am unable to attend, however, please find my tax deductible contribution of

\$ _____ to be applied toward the MMPA Scholarship Fund.

Please make checks payable to: **Multicultural Motion Picture Association**

(Tax ID#: 95-4589823) and **mail by Wednesday, February 18th** to: MMPA

3250 Wilshire Boulevard, Suite 808, Los Angeles, CA 90010

Phone: (310) 358-8300 • Fax: (310) 358-8304

