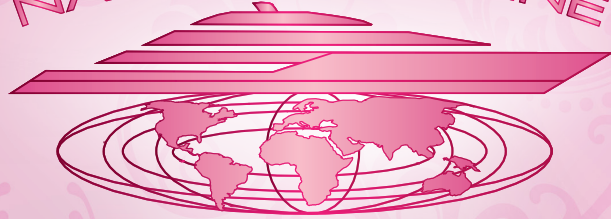


*You are Cordially Invited*

NATIONAL MARINE



SUPPLIERS

*White Dress*  
*Charity*  
**GALA**

*An Evening*  
*Supporting*  
*Breast Cancer*  
*Awareness*

COCKTAIL HAPPY HOUR FROM 7:00-8:15PM  
ON THE SKY TERRACE, GALA EVENT IMMEDIATELY  
FOLLOWING IN THE BALLROOM AT 8:30PM.



# THE VENUE



*Saturday, November 4, 2017*

*Westin Ft. Lauderdale Las Olas Ballroom*

321 N FORT LAUDERDALE BEACH BOULEVARD, FORT LAUDERDALE, FL, 33304



This year the party will be held at a venue located right nearby the Fort Lauderdale International Boat Show directly on A1A on the beach at The Westin Fort Lauderdale Beach Resort in the Las Olas Ballroom in the Southern Annex on the Mezzanine Level. Having 10,000 square feet of open space, fine dining, several bars throughout, ample parking, easily accessible, and beautiful beach views right at your fingertips. What better place to host the yachting industry's party of the year!



# THE EVENT





# THE DETAILS

To see how your participation impact lives, check out our video at: [www.nationalmarine.com/2017-sponsorship](http://www.nationalmarine.com/2017-sponsorship)

*Please understand that this is an industry event meant for National Marine Supplier's valued customers and sponsors and space is VERY limited. We cannot accomodate all requests and they are subject to approval first. Please be sure to RSVP as soon as possible! Space will fill up quickly and we cannot guarantee spaces indefinitely for invitees. A confirmation email will be sent announcing your approval and informing of your food selection choices for the dinner.*

*Please Read The Information Below Carefully:*

## *Terms & Conditions:*

**THIS YEAR'S EVENT IS EXCLUSIVELY BY INVITATION ONLY!** ALL TABLES CAN ACCOMPANY TEN GUESTS AT A RATE OF \$100.00 PER PERSON AND ARE AVAILABLE ON A FIRST COME, FIRST-SERVED BASIS. PAYMENT MUST BE MADE IN FULL PRIOR TO THE EVENT BY **OCTOBER 27TH, 2017**. YOUR ADMITTANCE, DINNER, LIQUOR, BEVERAGES, AND ENTERTAINMENT ARE INCLUDED AND ALL OF THE PROCEEDS DIRECTLY BENEFIT THE FLORIDA BREAST CANCER FOUNDATION. ALL GUESTS PLANNING ON ATTENDING IN YOUR GROUP MUST BE LISTED ON THIS FORM (INCLUDING THEIR POSITION OR RELATION TO THE VESSEL) AND CHECK IN AT THE DOOR THE EVENING OF THE EVENT. EVENT ATTIRE IS AN ALL WHITE COCKTAIL PARTY, SO DON YOUR CHICEST AND MOST CREATIVE WHITE ATTIRE. PLEASE COMPLETE THIS FORM ON BOTH SIDES & SEND TO THE EMAILS LISTED BELOW AND MUST BE RECEIVED BY **OCTOBER 27TH, 2017**.

## *Names of Guests Attending:*

GUEST 1: \_\_\_\_\_ \$100 PER PERSON

(POSITION/RELATION TO VESSEL) \_\_\_\_\_

GUEST 2: \_\_\_\_\_ \$100 PER PERSON

(POSITION/RELATION TO VESSEL) \_\_\_\_\_

GUEST 3: \_\_\_\_\_ \$100 PER PERSON

(POSITION/RELATION TO VESSEL) \_\_\_\_\_

GUEST 4: \_\_\_\_\_ \$100 PER PERSON

(POSITION/RELATION TO VESSEL) \_\_\_\_\_

GUEST 5: \_\_\_\_\_ \$100 PER PERSON

(POSITION/RELATION TO VESSEL) \_\_\_\_\_

GUEST 6: \_\_\_\_\_ \$100 PER PERSON

(POSITION/RELATION TO VESSEL) \_\_\_\_\_

GUEST 7: \_\_\_\_\_ \$100 PER PERSON

(POSITION/RELATION TO VESSEL) \_\_\_\_\_

GUEST 8: \_\_\_\_\_ \$100 PER PERSON

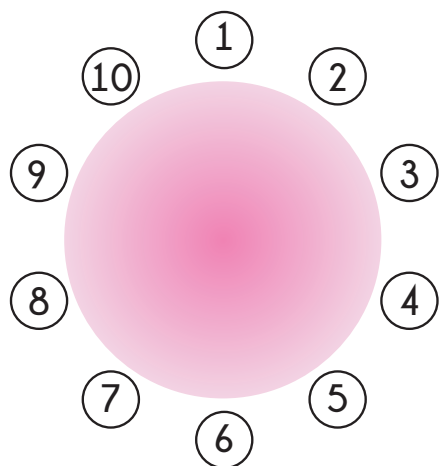
(POSITION/RELATION TO VESSEL) \_\_\_\_\_

GUEST 9: \_\_\_\_\_ \$100 PER PERSON

(POSITION/RELATION TO VESSEL) \_\_\_\_\_

GUEST 10: \_\_\_\_\_ \$100 PER PERSON

(POSITION/RELATION TO VESSEL) \_\_\_\_\_



\*\*ALL TABLES CAN ACCOMPANY TEN GUESTS AND ARE AVAILABLE ON A FIRST COME, FIRST-SERVED BASIS.

**CONTACT US TO RESERVE YOUR TABLE OR SEATS!  
QUESTIONS? PLEASE CONTACT US  
PH: 954.764.0975**

**TOM ROWE  
TROWE@NATIONALMARINE.COM  
(954) 261-8116**

**CHRISTINE BARNES  
CBARNES@NATIONALMARINE.COM  
(954) 296-5210**

*Find*

*Cure*





# INVITE FORM

*Please Complete All Fields for  
Contact & Billing Information:*

RATE IS \$100.00 PER PERSON, PLEASE COMPLETE ENTIRE FORM ON BOTH SIDES,  
AND SUBMIT TO THE EMAIL LISTED BELOW BY **OCTOBER 27TH, 2017**.

YACHT/COMPANY: \_\_\_\_\_ TOTAL AMOUNT: \$ \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CREDIT CARD TYPE:  AMERICAN EXPRESS  MASTER CARD  VISA  DISCOVER

CREDIT CARD #: \_\_\_\_\_

EXP DATE: \_\_\_\_\_ VERIFICATION #: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ORDER TAKEN BY: \_\_\_\_\_

NOTES: \_\_\_\_\_

QUESTIONS? PLEASE CONTACT US

PH: 954.764.0975

CHRISTINE BARNES  
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TOM ROWE  
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*Believe*



*in Hope*



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