



# Program Journal

Benefiting the Center for Autism & Related Disabilities ~ Saturday, April 5, 2025



**With a contribution to CARD, we will feature your business or personal message to our honoree or to CARD in the Program Journal.**

_____ Premium Crossover (2 Page Spread, 8.5"H x 11"W, Portrait with .125" bleed all around)**	\$1,500
_____ Crossover (2 Page Spread, 8.5"H x 11"W, Portrait with .125" bleed all around)**	\$1,250
_____ Premium Page (8.5"H x 5.5"W, Portrait with .125" bleed all around)**	\$1,000
_____ Full Page (8.5"H x 5.5"W, Portrait with .125" bleed all around)	\$750
_____ Half Page (5.5" x 4.25" landscape with .125" bleed all around)	\$500

\*\*Limited spaces available

Company/Individual Name: \_\_\_\_\_  
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 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

## Program Journal Deadline is March 14, 2025.

\*University review and prior approval of logo and recognition may be required

Please send artwork to [vmperetz@miami.edu](mailto:vmperetz@miami.edu) or include message here. Please send files as high resolution JPEG, PNG or PDF.

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Total \$ \_\_\_\_\_ Discover \_\_\_\_\_ Amex \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Check \_\_\_\_\_

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Please make checks payable to University of Miami CARD/Tropical Nights and mail to:

University of Miami CARD/Tropical Nights  
 5665 Ponce de Leon Blvd., 2<sup>nd</sup> Floor, Coral Gables, FL 33146  
 You can also complete form and email to: [card@miami.edu](mailto:card@miami.edu).  
 For event information call 305-284-5269, email [card@miami.edu](mailto:card@miami.edu)  
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