

get pink. **PINK ON PURPOSE**

Event Registration

EVENT SIGN-UP

Date of Event: ____/____/____ Number of Participants: ____

Our Fundraising Goal (we suggest \$5 per participant): \$ ____

☐ I would like a fundraising webpage

EVENT KIT



BREAST CANCER MATERIALS

Spanish language brochures available upon request



BUTTONS



BALLOONS



TABLE TENTS



STREAMERS



POSTERS

The following items are available free for download at www.aicr.org/pinkonpurpose: planning brochure, organizing checklist, pink event ideas, office newsletter advertisement, pink ribbon graphic, sample event email, sample press release, thank you card, and posters.

REGISTRATION

Please select the number of Pink on Purpose Event Kits you would like based on how many people you think will participate. We suggest one kit for every 50 employees.

Registration Fee (per kit): **\$50** X Number of Event Kits ____ = Total Amount Due \$ ____

CONTACT INFORMATION

Organization: _____

Contact: _____ Phone: (____) - ____ - ____

Mailing Address: _____

Email: _____

SHIPPING

Please allow 5-7 business days for delivery. Items ship once payment is received.

REGISTRATION PAYMENT

Payment Method: ☐ check ☐ credit card
(please include with order form; make check payable to AICR)

Credit Card # _____

Expiration Date ____/____

Name on Card _____

Signature _____

PLEASE MAIL OR FAX YOUR ORDER FORM TO:

The American Institute for Cancer Research
Attn: Pink on Purpose
1759 R Street NW
Washington DC 20009
Fax 202-328-7226

We are available to answer any questions or to help you as you plan your event:

CALL 1-800-843-8114
EMAIL pop@aicr.org

Thank you for getting pink!

 **AMERICAN INSTITUTE for
CANCER RESEARCH**
www.aicr.org