



**42nd
Annual**
**CENTRAL
FLORIDA
MAYORS
PRAYER
BREAKFAST**

FAX NUMBER:

ATTN:

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42ND ANNUAL

**CENTRAL FLORIDA MAYORS
PRAYER BREAKFAST**

**7:00 AM May 7, 2009 ~ The Ballroom at Church Street
225 S. Garland Avenue ~ Downtown Orlando ~ Florida 32801**

Kick-Off Event for National Day of Prayer events throughout Central Florida

“Prayer ... America's Hope”

"May your unfailing love rest upon us, O Lord, even as we put our hope in you." Psalm 33:22

TABLE HOST REQUEST FORM

www.MayorsPrayerBreakfast.org ~ TableHost@MayorsPrayerBreakfast.org

Members of the local business and faith communities are invited to host a Mayor or County Chair (or their representative) from one of our Central Florida cities or counties as:

**CITY / COUNTY
TABLE HOST ~ Cost: \$250**

Host a Mayor, or Chair (or their representative) from a Central Florida city or county. This option offers two (6) seats for your personal use, one (2) for the elected official and their spouse / guest.

**CORPORATE / INDIVIDUAL
TABLE HOST ~ Cost: \$250**

Host a table of eight (8) for your company / organization / group of friends.

**EVENT
SPONSOR ~ Cost: \$1,000**

Host a table of eight (8) for your company / organization and invite those whom you wish to fill the seats. Receive special recognition in the program, our website, and during the program.

Imagine the impact that can be made on our Central Florida Communities during this special morning with local officials, as we pray together...for and with each other!

Host Name: _____

Representing: _____

Work Phone: _____ Home: _____ Cell: _____

E-mail: _____

Mailing Address: _____

City: _____ County: _____ ST: _____ Zip: _____

Table to be Identified as: _____

Contact for Table Identification: _____ Phone: _____

Checks should be made out & mailed to:
**Central Florida Mayors Prayer Breakfast
P. O. Box 1401, Orlando, FL 32802-1401**

Number of Tables Requested _____ @ \$250 City / County Table Host = \$ _____
_____ @ \$250 Corporate / Individual Table Host = \$ _____
\$1,000 Event Sponsor = \$ _____

**THIS FORM MUST ACCOMPANY YOUR CHECK
(which is also your receipt.)**

Check No.: _____ Total \$ _____