



Cleveland, November 8-13, 2010

Walking to New Orleans: The Music of Fats Domino & Dave Bartholomew

TICKET ORDER FORM

American Music Masters® is a Rock and Roll Hall of Fame cornerstone program dedicated to celebrating the accomplishments of the musical artists who've changed the shape and sound of American culture.

Name: _____

Address: _____

Phone: _____ E-mail: _____

List in Event Program as: _____

Friend of American Music Masters® VIP Packages:

- Tickets to *Tribute Concert*, Palace Theatre at Playhouse Square, 7:30 pm, November 13
- Pre-show cocktail party, November 13
- VIP Access to topical sessions and lectures, November 8-13, which includes *Rock and Roll Retrospective: The Music of Fats Domino and Dave Bartholomew* – Advance reservation required
- Limited edition American Music Masters® commemorative gift
- Recognition in souvenir program
- Parking voucher(s) for Playhouse Square

\$10,000 PLATINUM HOST* (10 Guests) _____ at \$10,000 = \$ _____

\$1,000 PLATINUM INDIVIDUAL (1 Guest) _____ at \$1,000 = \$ _____

- Admission to Exclusive Welcome Party, Friday, November 12
- Tickets in **Platinum Level** Reserved Section at Tribute Concert
- Admission to VIP After-Party with parking

***Platinum Host also receives recognition** from stage at Tribute Concert

\$5,000 GOLD HOST (10 Guests) _____ at \$5,000 = \$ _____

\$500 GOLD INDIVIDUAL (1 Guest) _____ at \$500 = \$ _____

- Tickets in **Gold Level** Reserved Section at Tribute Concert
- Admission to VIP After-Party with parking

\$2,500 SILVER HOST (10 Guests) _____ at \$2,500 = \$ _____

\$250 SILVER INDIVIDUAL (1 Guest) _____ at \$250 = \$ _____

- Tickets in **Silver Level** Reserved Section at Tribute Concert

I am unable to attend but wish to support the Rock and Roll Hall of Fame and Museum's important work with a tax deductible donation of \$ _____.

PAYMENT: Check payable to **Rock and Roll Hall of Fame and Museum** is enclosed.

Credit card AMEX MC VISA DISC Amount to be charged \$ _____

Card # _____ exp: _____ sec. code _____

Name on card _____

Signature _____

Return by **October 1, 2010** to: Development Office, Casie Lovinger, 1100 Rock and Roll Blvd., Cleveland, OH 44114 or fax to 216.515.1500. For information, please call 216.515.1207 or clovinger@rockhall.org