

California Optometric Association
Political Action Committee

Beer Spectacle



Bolstering Cal-OPAC
one sip at a time

Sacramento is a craft beer enthusiast's paradise.

Enjoy a weekend getaway sipping some of California's best beer while seeing the sights of the state's capital city. Socialize with your colleagues and other supporters of optometry on a private six-hour long bus tour of Sacramento's finest breweries.

Tickets are limited. Support Cal-OPAC by reserving your spot today!

Saturday, November 5
11:00 am - 5:00 pm

Event pick-up and drop-off:
Citizen Hotel
926 J Street
Sacramento, CA 95814

To RSVP, please contact Julie Andrade at
(916) 266-5031 or jandrade@coavision.org

Beer Spectacle Ticket:
\$500 suggested contribution

Includes: six-hour long private tour of Sacramento's award winning breweries, beer tastings and lunch

VIP Package:
\$1,000 suggested contribution

Includes: two tickets to the Beer Spectacle and overnight accommodation at a luxury, boutique hotel in downtown Sacramento

The
CITIZEN
HOTEL

Cal-OPAC contributions are NOT tax deductible. Contributions to Cal-OPAC may be from an individual or a business and are not limited. An individual or business that contributes \$100 or more in a calendar year will be publicly reported.

Paid for by California Optometric Association Political Action Committee
2415 K Street, Sacramento, CA 95816



California Optometric Political Action Committee

2415 K Street • Sacramento, California 95816
916.441.3990 • Fax: 916.448.1423 • FPPC ID #745825

Beer Spectacle Contribution Form

Cal-OPAC was formed to represent your interests in Sacramento and to help establish vital relationships with aspiring and existing California elected officials. Cal-OPAC is a bipartisan committee that supports candidates and legislators at the state level who understand the challenges of practicing as an optometrist in California. With YOUR donation to Cal-OPAC, the California Optometric Association can ensure that public officials are educated about the vital role optometrists play in the healthcare arena!

State law requires the following information for each contribution made to Cal-OPAC. If you are paying for the Cal-OPAC contribution from a business account, then the contribution is actually from the business and must be reported as such. Please complete the applicable information below.

Ticket - \$500 suggested contribution **VIP Package** - \$1,000 suggested contribution

Name of attendee(s): _____

I can't attend but would like to contribute. Amount: _____

Payments From a Personal Account:

Name: _____ Occupation: _____

Employer (If self-employed, please provide name of business) _____

Street Address: _____ City _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ E-mail Address: _____ License #: _____

Personal Check: Please make your check payable to Cal-OPAC and attach to this form. **Check #** _____

Personal Credit Card: Visa Master Card American Express

Name as it appears on card: _____

Card Number: _____ Expiration: _____

Payments from a Business Account:

Business Name: _____

Street Address: _____ City _____ State: _____ Zip: _____

Name(s) of OD(s) on whose behalf the business is contributing: (list others back of form if necessary).

Name: _____ License #: _____ Amount \$ _____

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Business Credit Card Visa Master Card American Express

Name as it appears on card: _____

Card Number: _____ Expiration: _____

PLEASE RETURN THIS FORM TO:
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