

A Tribute To Richard L. Sampson



- 🌐 President of Central Station Alarm Association CSAA
- 🌐 One of the founding fathers of MSCA
- 🌐 Past President and first Treasurer of MSCA
- 🌐 Founder of American Alarm and Communications, Inc
- 🌐 First MSCA Stanley Wescott Service Award Winner
- 🌐 Founding member of Security Network of America SNA
- 🌐 MSCA Legislative Committee Chair for many crucial years
- 🌐 Supporter of the Systems Industry for over 30 years

Thursday, October 6, 2005

Casa di Fior

Reception 6:30 P.M. - Dinner and Program 7:30 P.M.

Dinner Reservations - \$100 per person

Proceeds benefit MSCA programs to
Represent and Educate the Electronic Systems Industry

In addition to attending - or if you are unable to attend, you may want to publicly thank Dick Sampson for his 30 years of leadership and service to our industry in the Tribute Book.

Tribute Book Sponsorship Options

THE TRIBUTE BOOK WILL BE DISTRIBUTED WIDELY

DEADLINE: September 9, 2005

- 1. PERSONAL MESSAGE PAGE: \$25 for each message**
Insert a personal message to Ralph that will fit on one line. Include your name and/or company as part of the message.
- 2. INDIVIDUAL DONATIONS: Your name will be listed as a donor.**
_____ \$150 _____ \$250 _____ \$500 _____ Other
- 3. ADVERTISEMENT:**

Full Page: \$650

1/2 Page: \$400

1/4 Page: \$200

Please Reserve the following for our company:

<i>Quantity</i>	<i>Description</i>	<i>Cost per</i>	<i>Total</i>
	Dinner Reservations (deadline is September 21)	\$100.00	
	Names:		
	Personal Message in the Tribute Book (deadline is September 9)	\$25.00	
	Please write a personal message below to Richard that will fit on one line		
	Individual donation in the amount of		
	Please indicate the name of the company or individual to be listed:		
	Full Page Ad in the Tribute Book (deadline is September 9)		
	1/2 Page Ad in the Tribute Book		
	1/4 Page Ad in the Tribute Book		
	Total amount		

Please complete the following payment information

Company Name _____

Company Address (City, State, Zip) _____

E-mail _____ Telephone _____

Please indicate payment method

___ Check Enclosed ___ Master Card ___ Visa ___ American Express

Credit Card Number _____ Expiration Date _____

Name on the card _____

FORWARD COMPLETED FORM TO:

Massachusetts Systems Contractors Association

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