

FAMILY VOICES & AMCHP FUNDRAISING GALA

MONDAY, FEBRUARY 14, 2011

6:30 PM - 10:00 PM

JOIN FAMILY VOICES AND AMCHP IN A SHARED CELEBRATION HONORING POLLY ARANGO AND OTHERS WHO HAVE DEDICATED THEIR LIVES TO FAMILIES AND CHILDREN AT THE GALA DINNER. THIS FUNDRAISING EVENT WILL BENEFIT BOTH FAMILY VOICES AND AMCHP. (CLICK HERE FOR INFORMATION AND PHOTOS FROM THE 2009 FAMILY VOICES GALA.)

TICKET PURCHASE FORM

REGISTRATION ID/CONFIRMATION NUMBER (IF APPLICABLE): _____

FIRST NAME: _____ LAST NAME: _____

COMPANY/ORGANIZATION: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CHOOSE ONE:	QTY	TOTAL PRICE
<input type="checkbox"/> SINGLE TICKET: \$100.00		
<input type="checkbox"/> TABLE SPONSOR (10 TICKETS)*: \$1,000.00		

*TABLE SPONSORS WILL BE LISTED IN THE GALA PROGRAM AND IDENTIFIED AT THEIR TABLE.

CHECK HERE TO REQUEST THE VEGETARIAN PLATE

PAYMENT INFORMATION

FULL PAYMENT IS DUE AT TIME OF PURCHASE!

TOTAL DUE: \$ _____

CHECK # _____ (PAYABLE TO AMCHP; CHECK MUST ACCOMPANY REGISTRATION FORM)

CREDIT CARD: AMERICAN EXPRESS MASTERCARD VISA

CREDIT CARD NUMBER EXP. MONTH/YEAR

CARDHOLDER NAME

AUTHORIZED SIGNATURE

CREDIT CARD PAYMENTS

FAX TO: 1 (866) 343-9128

OR

E-MAIL TO: AMCHPREG@CONFERENCEMANAGERS.COM

CHECK PAYMENTS

*MUST BE RECEIVED BY JANUARY 28
MAIL WITH A COPY OF THIS FORM TO:
FAMILY VOICES/AMCHP GALA
2030 M STREET, NW, SUITE 350
WASHINGTON, DC 20036