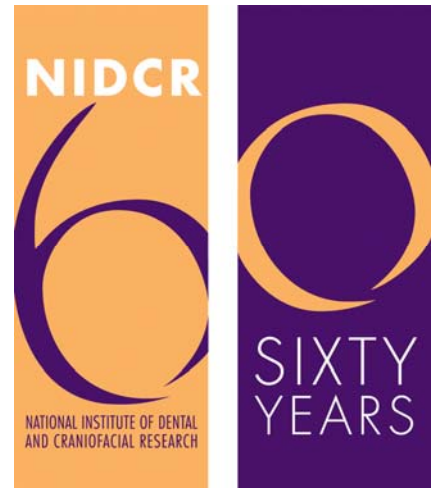


NIDCR 60th Anniversary Party
6pm, Monday, June 23, 2008

Ticket Reservation Form

- I will be attending.
- I will not be attending, but I would like to make a donation.

Please Print



Company/Organization/Dental School _____

FNIDCR Member Non Member

Contact First Name _____

Last Name _____

Phone _____

Email _____

Address _____

City _____

State _____

Zip _____

Tickets @ \$125 each = \$ _____

Donation \$ _____

Total Submitted..... \$ _____

Attendees Information (Required for nametag. Please print)

Name _____

Company/Organization _____

Email (for confirmation) _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment

CHECK: Please send your check payable to FNIDCR along with this completed form to:

FNIDCR 1901 Pennsylvania Avenue NW, Suite 607, Washington DC 20006

CREDIT CARD: Fax this form with credit card payments to **202-463-1257**

Card Info: Visa MasterCard Expiration Date (mo/yr) ___/___ Card Number: _____

Cardholder's signature _____ Cardholder's name on card (print) _____

For More Information

Contact Peter Anas,
FNIDCR Executive Director
202-223-0667 or peter@fnidcr.org

