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☐ My check for \$______ is enclosed payable to the AHIF.

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KSVP	Dinner Awards
40th Anniversary Award	s Dinner ,
\$50,000 Grand Benefactor \$25,000 President's Circle \$10,000 Heritage Patron \$5,000 Chairman's Circle \$4,500 National Co-Host	\$4,000 Supporter \$2,000 Sponsor \$350 Individual Ticket \$200 Young Professional (30 and under)
Please reserve seat(s) in	the name of :
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Address	
City, State, Zip	
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Please reserve span Breakfast & policy briefing at Please reserve span Payment Method: Please charge \$ to reserve span	y of Cyprus – <i>Friday, March 13, 2015</i> ace(s) at \$100 per person = \$ the Capital Hilton – <i>Saturday, March 14, 2015</i> ace(s) at \$30 per person = \$

Awards Gala Program Advertisement Order Form

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Address	
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Phone e	mail
☐ Please charge \$ to my: ☐	□ VISA □ MC □ AMEX
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Signature	
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Space Reservation Deadline:	February 20, 2015
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Full page: 7" w x 9" h • Half page: 7" w	x 4¼" h • Quarter page: 3¾ " w x 4¼" h
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