

RSVP

40th Anniversary Awards Dinner



- | | |
|--|--|
| <input type="checkbox"/> \$50,000 Grand Benefactor | <input type="checkbox"/> \$4,000 Supporter |
| <input type="checkbox"/> \$25,000 President's Circle | <input type="checkbox"/> \$2,000 Sponsor |
| <input type="checkbox"/> \$10,000 Heritage Patron | <input type="checkbox"/> \$350 Individual Ticket |
| <input type="checkbox"/> \$5,000 Chairman's Circle | <input type="checkbox"/> \$200 Young Professional (30 and under) |
| <input type="checkbox"/> \$4,500 National Co-Host | |

Please reserve _____ seat(s) in the name of :

Name _____

Address _____

City, State, Zip _____

Phone _____ email _____

Please list your guest(s) in the space provided below.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- I cannot attend, but have enclosed my gift of \$_____ to AHIF.

Additional Events Registration:

- Buffet Dinner at the Embassy of Cyprus – *Friday, March 13, 2015*
Please reserve _____ space(s) at \$100 per person = \$_____
- Breakfast & policy briefing at the Capital Hilton – *Saturday, March 14, 2015*
Please reserve _____ space(s) at \$30 per person = \$_____

Payment Method:

- Please charge \$_____ to my: VISA MC AMEX
Card # _____ Exp. date ____ / ____
Signature _____
- My check for \$_____ is enclosed payable to the AHIF.