

Reservation RSVP
for Friday, September 17, 2010

I wish to make a luncheon reservation(s):

- ___ **Celebration Table** – with recognition of your organization at \$350.00.
- ___ **Individual** seating at \$35.00
- ___ **Sponsor a Nurse / Nursing Student** at \$35.00

RESERVE



- Please accept my additional donation of \$ _____ to the Nursing 2000 North Scholarship Fund.
- I regret I cannot attend. Please accept my contribution of \$ _____ to the Nursing 2000 North Scholarship Fund.
\$ _____ to Nursing 2000 North Operations.

DONOR

Please fill out reverse side.

Name: _____
(Please print.)

Organization/Affiliation: _____

Address: _____

Phone: _____

E-Mail: _____

Guests will be seated at tables of 8.
Please list names of individuals to be seated at your table.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

*This serves as your reservation; no tickets are issued.
Please respond **by September 3rd, 2010**. Reservations are limited.*

Please make checks payable to: Nursing 2000 North