

**NORD's 25th Anniversary Gala
Reservations for Seats or Tables
Nonprofit Organizations**

NAME: _____ TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

To Reserve a Table or Seat (check one)

Banquet Table (10 seats) \$1,500 _____ Banquet Table (10 seats) \$1,500
◆ Line Listing in the Commemorative Journal

Single Seat \$150 _____ Single Seat \$150
◆ Line Listing in the Commemorative Journal

PAYMENT OPTIONS: Please choose method of payment.

_____ Check enclosed (payable to NORD) Mail with completed form to the NORD Office

_____ Please invoice our company (Fax completed form to the NORD Development Office at 203-798-2293)

_____ Charge Credit Card: VISA MasterCard AMEX Discover

Account # _____ Exp Date _____

Name on Card _____ Signature _____