

161st Annual Meeting • September 19, 2017 • Reservation Form

Please return this sheet to confirm your dinner reservation(s) as soon as possible, but no later than Tuesday, September 12, 2017. No cancellations after September 12.

If you are attending to honor a particular Council member or Fifty-Year Physician, please indicate below, and we will do our best to seat you with/near that person.

Please print legibly.

I would like to reserve _____ dinner(s) at \$85 each. Total of \$ _____

Entrée choices: Chicken/Steak Skewers over Rice # _____ or Eggplant Provençal with Asparagus # _____

I would like a VIP Table (Table of 10 – \$850) in honor of _____

If purchasing a VIP Table, please attach a separate sheet with all guests to be seated at your table and their entrée choices.

Guests purchasing a VIP Table will be recognized at the event.

Bar beverages will be available by signed check that evening and you will be billed following the program.

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Total cost \$ _____ Check (payable to the Academy of Medicine) enclosed

Bill my: VISA MasterCard American Express Discover

_____ Expiration date _____

Name on card _____

Billing address _____

Signature _____

Name(s) of other guests included in this reservation: _____

I and/or my guest(s) have special dietary needs (i.e., allergies, etc.). Please provide attendee's name and list specific dietary need: _____

Please seat me with/near _____

***Return completed form (with payment) by September 12 to
Academy of Medicine, 7265 Kenwood Road, Suite 315, Cincinnati, OH 45236;
by fax to 513-721-4378; or call 513-421-7010, ext. 307 or 311.***

• *Supporters to date* •

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