

2008 Gala & Nurse Recognition Reservation

PLEASE PRINT

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Day Phone: () _____ Email: _____

Please reserve _____ ticket(s) at \$75 per person *

Please reserve _____ tables(s) at \$750 per table *

** Personalized place cards are made for table assignments. Please provide individual names for all ticket holders. Print names on reserve side of this form or attach a separate sheet.*

_____ Enclosed please find my check payable to "NJLN" for \$ _____.

_____ I am unable to attend but would like to make a contribution of \$ _____.

_____ Please charge \$ _____ to the following credit card:

() Visa () MasterCard () American Express

Account #: _____ Exp: _____

Security # on back of card: _____

Name on Card: _____ Signature: _____

Credit Card reservations may be Faxed to NJLN at 908-789-0727
NJLN Office: 908-789-3398 Email: NJLNurse@aol.com

(All contributions are tax deductible as allowed by law.)

PLEASE RSVP BY OCTOBER 15, 2008