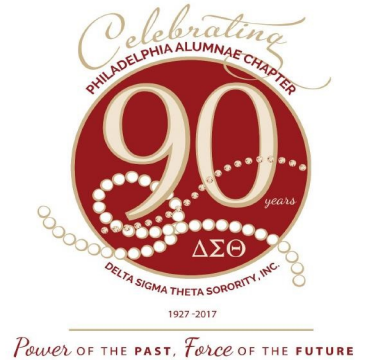


# 90th Anniversary Gala



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Organization \_\_\_\_\_ Chapter \_\_\_\_\_

Number of Tickets \_\_\_\_\_ X \$125 = \$ \_\_\_\_\_

PLEASE INDICATE NAME OF GUEST(S) <u>AND</u> MEAL CHOICE	Chicken	Salmon	Vegetarian
M _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Valet Parking** is available at \$10 per car payable directly to the hotel on Oct. 28th. Indicate number of spaces required, if any. \_\_\_\_\_

**Self Parking** is \$5 per car with a round trip shuttle between the parking lot and the hotel.

**Please make checks or money orders payable to:** Delta Sigma Theta Sorority, Inc.

**Mail to:** PAC 90th Anniversary Committee, P.O. Box 2356, Bala Cynwyd, PA 19004-6356

**Secure payment via PayPal:** [www.phillyalumnae-dst.org](http://www.phillyalumnae-dst.org)

**Questions?** Contact us at [90th.Anniversary@phillyalumnae-dst.org](mailto:90th.Anniversary@phillyalumnae-dst.org)

*Kindly respond by October 7, 2017*

**Additional Guest(s) and Meal Choice**

**Chicken**

**Salmon**

**Vegetarian**

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_

M \_\_\_\_\_