

RSVP

GET IN THE SWING!
PEV'S SEVENTH ANNUAL GALA



Name: _____

Address: _____

Email: _____

Payment to PEV Gala:

<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	\$150 Individual Price	Qty: _____
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	\$1000 Table of Eight	Qty: _____
		Total \$	_____

Name on Card: _____

Donation: Although I am unable to attend I would like to donate \$ _____

PEV : EDUCATING WOMEN. SHAPING THE WORLD.

GUEST REGISTRATION

PLEASE LIST ALL GUESTS (INCLUDING YOURSELF) WHO ARE ATTENDING AND THEIR DIETARY OR SPECIAL NEEDS. PLEASE PRINT.

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

I would like to sit with: _____

DIETARY OR SPECIAL NEEDS

Guest #: _____ Needs: _____

Guest #: _____ Needs: _____

Guest #: _____ Needs: _____

Guest #: _____ Needs: _____

For inquiries, please contact Dianne (dianne.mathieu@sympatico.ca).