



**For ticket purchase:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone (B): \_\_\_\_\_ (H): \_\_\_\_\_

E-mail: \_\_\_\_\_

Total Number of Tickets @ \$85 each \_\_\_\_\_

Total: \$ \_\_\_\_\_

Meal Choice: Beef  Salmon  Vegetarian

Special Dietary Requests: \_\_\_\_\_

Special Seating Requests (we will try to accommodate):  
\_\_\_\_\_

I am unable to attend the dinner, but wish to make a special gift of \$ \_\_\_\_\_ to the Faculty of Dentistry Gifts and Memorial Scholarship Fund

**Method of Payment**

Cheque  (enclosed, payable to Dalhousie University)

Visa  Mastercard

Card# \_\_\_\_\_ Exp.Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

Please fax completed forms to (902) 494-5101 or mail to: Faculty of Dentistry Alumni Affairs, Dalhousie University, 5981 University Ave., Halifax, NS, B3H 1W2

***Please RSVP by September 24, 2010***