



Thirty-Seventh Annual  
**WOMEN'S  
HEALTH  
SYMPOSIUM**

Please reserve \_\_\_ seat(s) at \$75.00 per person

I would like to make a contribution of \$\_\_\_\_\_

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Enclosed is a check in the amount of \$\_\_\_\_\_made payable to Weill Cornell Medical College.

Please charge \$\_\_\_\_\_to my  Amex  Mastercard  Visa

Card number\_\_\_\_\_ Exp. \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Signature \_\_\_\_\_

This is a corporate card. Company name \_\_\_\_\_

Kindly respond by October 21. Seating is limited. Orders will be filled as received. All event contributions and tickets are non-refundable. IRS regulation (IRC 4967) currently prohibits the use of a Donor-Advised Fund grant to pay for all or any portion (whether tax deductible or not) of the admission price to attend an event.

Please complete form on reverse side >

Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_



My guest(s) will be:

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For more information, please call Sidney Beal III at 646.962.9499.  
You may send your reservation via the enclosed envelope or fax  
to 646.962.0124