



Weill Cornell Medicine

NewYork-Presbyterian



Thirty-Sixth Annual

**W O M E N ' S
H E A L T H
S Y M P O S I U M**

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

I/We cannot attend, but would like to make a contribution of
\$ _____.

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 8. Seating is limited. Orders will be filled as received. All event contributions and tickets are non-refundable. IRS regulation 4967 prohibits the use of a Donor Advised Fund grant for payment of the full or partial admission price of an event.

Name(s) _____

Contact _____

Address _____

City _____

State _____ Zip _____

Phone _____

E-Mail _____



I am/We are purchasing ticket(s) and would like to be seated with

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