

## RESERVATION ORDER FORM

If you chose to sponsor and wish to purchase additional reservations not included in your sponsorship; or

If you were unable to sponsor and wish to purchase reservations to attend the event, please complete the form below.

Reservations for the Following Attendees (List Names Individually)	Payment (\$50 Each)
<b>Total Payment</b>	<b>\$</b>

**TOTAL PAYMENT: \$** \_\_\_\_\_

Send Invoice: Yes/ No

Check Enclosed: Yes/ No

Credit Card: Yes/ No

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Credit Card # \_\_\_\_\_

Visa     AMEX     Discovery     MasterCard

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_

**Mail to:** Nadia Woodman  
Hartford Hospital  
80 Seymour Street  
PO Box 5037  
Hartford, CT 06102

Phone: (860) 545-2161  
Fax: (860) 545-2800  
E-mail: [nwoodman@harthosp.org](mailto:nwoodman@harthosp.org)

**Please make checks payable to Hartford Hospital (indicate "Pink Flamingos" in Memo section).** Hartford Hospital's Tax Id is 06-0646668. Hartford Hospital is not-for-profit, with 501 (c) (3) status, as designated by the IRS.



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