

Please respond by

January 31, 2006

- TICKET(s) \$235 PER PERSON
 TABLE(s) OF 10 \$2350 EACH

MAKE CHECKS PAYABLE TO THE
POLISH-AMERICAN MEDICAL SOCIETY

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE NUMBER _____

TICKETS WILL BE HELD AT THE DOOR

FOR MORE INFORMATION, PLEASE CONTACT DR. BOZENA WITEK
EMAIL: BOWITEK@AOL.COM
(847) 501-3543
CELL: (847) 373-3962

PLEASE INCLUDE A LIST OF GUESTS WITH WHOM YOU
WISH TO BE SEATED WITH:



WE ARE UNABLE TO ATTEND BUT WISH TO
CONTRIBUTE TO THE FUND(S) \$ _____