

Please respond by January 25, 2011

Tickets \$300 per person

Tables of 10 at \$3000 each

Make check payable to Polish American Medical Society

Name(s) _____ #of people

Address _____

City _____ State _____ Zip _____

Telephone number _____

Tickets will be held at the door

For more information please contact Dr. Halina Aniol

Tel. (312) 320-0150

E-mail: Halinamd@aol.com

Please include a list of guests with whom you wish to be seated

We are unable to attend but wish to make tax deductible
contribution to PAMS \$ _____