



75th Anniversary Gala

Ticket Form

Preferably for your convenience purchase your tickets online at www.zlpchicago.org.

First & Last Name:

Street Address:

City: State:

Zip: Country:

Email: Phone:

Number of tickets: Discounted

\$300 per person or
\$3000 for table of 10

Student
Tickets: **

\$195 per person limited availability
(students, residents, fellows only, one discounted
ticket per couple, unless both qualify).

Meal Preferences:

Please indicate if you would like to have a steak or fish dinner. If purchasing more than one seat, please indicate meals for each person.

Sitting Preferences:

Please indicate with whom you would prefer to share a table.

Please mail your RSVP with a check to:
Polish American Medical Society
1450 W. Lake Street, Suite 101, Addison, IL 60101

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All donation are tax deductible to the fullest extent permitted by law.