

AFFILIATE DISCOUNTED TICKET FORM

(ALL FIELDS ARE REQUIRED.)

NAME _____

TITLE _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

TICKET PRICE \$175.00 EACH*

***Maximum of two tickets per organization**

TOTAL NUMBER OF TICKETS _____ TOTAL COST _____

GUEST NAMES (IF APPLICABLE)

1. _____ 2. _____

PURCHASE AUTHORIZATION

METHOD OF PAYMENT American Express MasterCard Visa

Card Number _____ Expires _____

Name on Card _____ Authorized Signature _____

Check Enclosed Make check payable to UnidosUS.

Please address your remittance as follows:

UnidosUS | Attn: Marco Calito | Raul Yzaguirre Building | 1126 16th Street NW, Suite 600 | Washington, DC 20036-4845

TERMS OF AGREEMENT

There are a limited number of Affiliate discounted tickets. Tickets are on a first-come, first-served basis. The Affiliate must be in good standing with membership compliance to be eligible for the discounted rate. **The completed and signed form and full payment must be received no later than Friday, March 15, 2019.** Ticket cancellation requests must be received in writing before March 15, 2019. No refunds will be made after this date. Table and seating assignments are made at the sole discretion of UnidosUS.

By signing this form the Affiliate representative agrees to abide by the Terms of Agreement.

AFFILIATE REPRESENTATIVE _____ DATE _____

ACCEPTED BY

UNIDOS US REPRESENTATIVE _____ DATE _____

For more information or to submit the form and payment, contact Marco Calito at mcalito@unidosus.org or (202) 776-1713.