

## ALUMNI/DONOR DISCOUNTED TICKET FORM

(ALL FIELDS ARE REQUIRED.)

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

COMPANY/ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

TICKET PRICE \$250.00 EACH\*

\*Maximum of two tickets per alumni/donor

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 alumni/donor discounted tickets. Tickets are on a first-come, first-served basis. **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 you agree to abide by the Terms of Agreement.

ALUMNI/DONOR \_\_\_\_\_ DATE \_\_\_\_\_

### ACCEPTED BY

UNIDOS US REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

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