

## PATRON SUPPORTER AND INDIVIDUAL TICKET FORM

(ALL FIELDS ARE REQUIRED.)

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

### OPTIONS

Patron Supporter\*                      \$500 each                      Total Number of Tickets \_\_\_\_\_ Total Cost \_\_\_\_\_

\*Individual or company/organization recognition as Patron Supporter of the Capital Awards in the program and on the website.

Individual Ticket                      \$350 each                      Total Number of Tickets \_\_\_\_\_ Total Cost \_\_\_\_\_

### 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

Please Send Invoice

### TERMS OF AGREEMENT

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.

SIGNATURE \_\_\_\_\_ 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.