



# Reservation Form **15th Anniversary**

**October 19 & 20, 2012**

To ensure you are included in the events of your choice and that we order enough chairs for every event and candles for the march, you must complete and return the reservation form even if you are only planning to attend the "FREE" events. Be sure to indicate all the events you plan to attend. Mail reservation forms and payment to the address shown on page 2 of this form. You may make copies of this form. **Reservations MUST BE RECEIVED BY October 10, 2012.** Requests for refunds must be received in writing at the Foundation by October 12, 2012.

**Reservation Deadline Extended!!**

## Contact Information

Member ID (Located on the upper left of your address label): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Events

	No. Attending	Cost	Total \$
<b>Open House, Friday, Oct. 19, 10 AM-3 PM</b> Women's Memorial	_____	FREE	\$ <u>FREE</u>
<b>Gala Dinner, Friday, Oct. 19, 6 PM</b> Black-tie dinner, Omni Shoreham Hotel, Washington, DC	_____	\$200 each	\$ _____
<b>Anniversary Ceremony, Saturday, Oct. 20, 2 PM</b> Women's Memorial	_____	FREE	\$ <u>FREE</u>
<b>Candlelight March, Saturday, Oct. 20, 6:30 PM</b> Lincoln Memorial to Women's Memorial	_____	FREE	\$ <u>FREE</u>
<b>Service of Remembrance, Saturday, Oct. 20, 7:45 PM</b> Women's Memorial	_____	FREE	\$ <u>FREE</u>
		<b>Total \$</b>	_____

## Payment Information

Check payable to Women's Memorial Foundation is enclosed.

Bill my credit card:     VISA     MasterCard     Discover     American Express

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please continue to page 2 to complete this form**

## Additional Information

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Please print the names of dinner guests included in your payment:

_____	_____
_____	_____
_____	_____

Please list the names of any other individuals with whom you'd like to be seated during the Gala Dinner. We will make every effort to accommodate your request. Tables seat 10 guests.:

_____	_____
_____	_____
_____	_____

Those requiring wheelchairs, walkers and other such devices must provide their own. Please note if you need a volunteer to assist you with your wheelchair or walking.

- I will need a volunteer to walk with me.  
 I will need a volunteer to assist me with my wheelchair.

It is likely that media representatives will be interested in interviewing anniversary attendees. Please check the block and provide a cell phone number or other contact information where you may be contacted while at the celebration.

- Yes, I will speak to the media. Cell phone/other contact info: \_\_\_\_\_

## Volunteer Information

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I volunteer to:

Assist with wheelchairs/walking at the

- Open House  Gala Dinner  Ceremony  March  Remembrance

Assist guests from/to METRO at the

- Open House  Gala Dinner  Ceremony  March  Remembrance

Assist with check-in at the

- Gala Dinner

Assist at water stations at the

- Ceremony  March  Remembrance

**Return this form and your payment by October 10, 2012, to:**

Women's Memorial Foundation  
200 N. Glebe Rd., Suite 400 • Arlington, VA 22203-3728

