



AMVETS 54th Silver Helmet Awards Banquet

at the
Hilton Mark Center Hotel
5000 Seminary Road
Alexandria, VA 22182

Saturday, March 29, 2008

PLEASE PURCHASE ADVANCE TICKETS BY FRIDAY, MARCH 21, 2008

- Reservations and table assignments will be handled on a first-come, first-served basis.
- There are 10 seats to a table.
- No reservations will be processed without total receipt of payment.
- Banquet tickets may be purchased either by credit card, check or money order.
- All tickets will be available for pick-up at the Spring NEC. Check your meeting agenda for dates and times to pick-up your tickets.
- Confirmations of ticket purchases will be emailed to you. If you do not have an email address we will contact you via the phone number you provided.
- Banquet tickets are non-refundable.
- The Banquet Ticket Order Form is attached. Please mail, fax, or e-mail your completed form along with payment to:

AMVETS National Headquarters
Attn: National Meeting Planner
4647 Forbes Boulevard
Lanham, MD 20706
Fax (301) 459-7924
dmcneill@amvets.org

THANK YOU!

AMVETS 54th SILVER HELMET AWARDS BANQUET

BANQUET TICKET ORDER FORM

Date of Request:

Name:		Title:	
State Department:		Post:	
Phone Number: ()		Email Address:	
Affiliation: <input type="checkbox"/> AMVETS <input type="checkbox"/> Ladies Auxiliary <input type="checkbox"/> Sons of AMVETS <input type="checkbox"/> Other _____			
Number of Tickets Requested			
Price of Each Ticket		\$ 45.00	
Total Amount Enclosed		\$	
Payment Method		<input type="checkbox"/> Check or Money Order	<input type="checkbox"/> Credit Card
If using a credit card, please indicate the type of card		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
		<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Card Number:		Exp Date:	(3) Digit number on back of card:
		MONTH	YEAR
Name as it appears on Card:			
Address of cardholder:			
City:		State:	Zip Code:
Signature:			
SEATING PREFERENCE	Front <input type="checkbox"/>	Middle <input type="checkbox"/>	Back <input type="checkbox"/>
	Aisle <input type="checkbox"/>		Center <input type="checkbox"/>
			Against Wall <input type="checkbox"/>
<small>Seating preference is not guaranteed</small>			

Who are you are purchasing tickets for? (If you are buying more than 10 tickets please attach an additional list)

	Full Name	Title	Name of individual picking up this persons ticket?	Special Dietary Needs?	Official Use only
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

For Official Use Only:

Date of Request _____ Payment Cleared on this date _____
 Credit Card Denied on this date _____ Called on this date _____ Payment Cleared on this date _____