

Children's Oral Health Initiative

I would like to attend the Luncheon and Silent Auction on February 25th.

Individual Tickets

Please send me _____ tickets at \$25.00 each TOTAL \$_____

Name_____

Address_____

Phone Number_____

Group Option

_____ My organization would like to buy 6 tickets and reserve a table for a discount.
(6 tickets and reserved table for \$100)

Organization Name_____

Mailing Address: _____

Phone_____

Please print this form and mail with your payment to:

Seven Valleys Health Coalition
50 Clinton Ave.
Cortland, NY 13045