

2020 ARVO Foundation Gala

Saturday, May 2, 2020 at 6:30pm | Hilton Baltimore | Baltimore, Md.

Attendee Information

Full name and degrees		Department	
Sponsor name as you wish it to appear on sponsor listings (website, program, signage)			
Street address			
City	State/Province	Postal Code	Country
Email (required)		Phone	
Primary contact name <i>If other than attendee; i.e. department administrator</i>		Primary contact email	

Tickets & Tables

	Cost	Quantity	Subtotal
Early Ticket (thru March 6)	\$295	_____	_____
Regular Ticket	\$345	_____	_____
Silver Table	\$3,500	_____	_____
Gold Table	\$5,000	_____	_____

I cannot attend but would like to make a donation to the ARVO Foundation in the amount of: _____

Total Amount Due: _____

U.S. tax deduction: If you redeem your ticket(s), the estimated fair market value of the goods and services you will receive is \$180 per ticket/seat. The portion of your purchase that may be eligible for a U.S. tax deduction is \$115 per early ticket, \$165 per regular ticket, \$1,700 per Silver Table and \$3,200 per Gold Table.

Payment Options

Check: payable to *ARVO Foundation for Eye Research* in U.S. Dollars drawn on a U.S. bank

Credit card:

To protect your credit card information, the ARVO Foundation will not collect your credit card information on an unsecured form. Please use one of the following methods to pay by credit card.

I will pay online at arvo.wufoo.com/forms/2020-gala-and-weavr-luncheon-tables/

Please call me to take my payment by credit card over the phone

Sponsor name

Attendee Information **DUE BY Friday, March 27, 2020**

If you purchased a table or multiple tickets please list the names and email address of each attendee.

A buffet dinner will be served. Please indicate below if anyone in your party has special dietary needs, and someone will follow up with you to assure we can meet their needs.

	Attendee Name	Attendee Email
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Someone in my party has a special dietary need. Please contact me.

Questions? Please contact Amanda Johnson at +1.240.221.2950 or info@arvofoundation.org.

Form and Payment Submission

Email to: info@arvofoundation.org

Mail to: 1801 Rockville Pike, Suite 400
Rockville, MD 20852-5622

Fax to: +1.240.221.0370

Payment must accompany this form. A purchase order will not be accepted. **Refund Policy:** A written request must be received by 5 PM Eastern, April 24, 2020, in order to receive a refund. A 20% refund fee will be applied. **No refunds will be given after April 24, 2020 for any reason.** This event is accessible to all people. ARVO Foundation Federal ID Number is 52-2322462.