



AFP Alaska Chapter - Event Registration Form National Philanthropy Day Awards Luncheon

Full Name _____ Are you a current AFP member? Yes No
Job Title _____ Employer _____
Business Address _____ City _____ Zip _____
Phone _____ Email Address _____

Please select one of the following:

- I am purchasing _____ individual ticket(s) - \$30 per person
- I am sponsoring _____ table(s) of 8 - \$500 per table

Please list the name of the person(s) who will be seated at the table:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Payment information: Visa Mastercard Name on card: _____

Card Number: _____

Expiration Date: _____ Verification Code (back of card) _____

*Checks made out to AFP Alaska Chapter, should be mailed with a copy of this form to: AFP AK Chapter, NPD/FCF Registration, 2440 E. Tudor Rd., PMB 335, Anchorage, AK 99507.

Fax completed form to: 907-263-2051

Questions? Please contact : Chrissy Bell @ 263-2046 or cbell@alaskan aids.org

For more information about this event, please go to the AFP Alaska Chapter website: <http://afpalaska.afpnet.org>