

Ticket Reservation Form
Fire & Ice ~ Night at the Museum
Saturday, September 21, 2013 ~ Kitsap Sun Pavilion

To guarantee your reservation please return your RSVP card by September 1, 2013 or call:
(360) 689-2928 to secure your reservation with your Visa/MasterCard or AMEX

YES, I would like to attend!

\$85 ~ Fire & Ice Ticket Qty. _____ Total \$ _____

\$110 ~ VIP Curator Ticket, VIP Dining Seat Location, Name printed in event program

Qty. _____ Total \$ _____

\$1000 ~ Office Party Table Sponsor! Ten Curator tickets, one business logo in event program Qty. _____ Total \$ _____

Your Name: _____

Your Email: _____

** Please provide complete list of all guest names and emails on the reverse side. We need an email address so that we may send you your table number, bid number and event program prior to the event. This will save you time at check in.*

YES, I would like to pre-purchase wine/sparkling cider to be waiting for me at my table!

DeLille Chaleur Estate Blanc 94 points. US Presidents choice! The White Wine of the White House! \$38.00 Total \$ _____

DeLille D2 92 points. Merlot/Cab blend. Rich & unusually complex. A truly exceptional vintage! \$38.00 Total \$ _____

Martinellis chilled sparkling cider. Traditional, refreshing and festive \$10.00 Total \$ _____

With regrets I can not attend, but would like to make a tax-deductible donation to support the KCMSF

Amount of Donation \$ _____

Major Sponsorship Advertising Opportunities

Icicle Sponsorship! Total: \$500.00 \$ _____

Two event tickets & business logo posted in the KCMS website, event program and Communiqué

Blazing Sponsorship! Total: \$1,000.00 \$ _____

Four event tickets & logo posted on the KCMS website, event program, Communiqué, Name etched on Ice-Sculpture Wall and honorable mention on stage

Please send logos for Icicle & Blazing Sponsorship by: September 1, 2013 to: KCMSMED@Gmail.com

Please complete first and last names of all guests in your party and any special dining seating requests with payment.

Kitsap County Medical Society ~ P.O. BOX 490 ~ Silverdale, Washington 98383

Name of all Guest in Your Party (including you) that you are purchasing tickets for. Please include guest email if you would like an email confirmation and event details sent to each guest

TABLE # 1

1. Name:	E:Mail
2. Name:	E:Mail
3. Name:	E:Mail
4. Name:	E:Mail
5. Name:	E:Mail
6. Name:	E:Mail
7. Name:	E:Mail
8. Name:	E:Mail
9. Name:	E:Mail
10. Name:	E:Mail

TABLE # 2

1. Name:	E:Mail
2. Name:	E:Mail
3. Name:	E:Mail
4. Name:	E:Mail
5. Name:	E:Mail
6. Name:	E:Mail
7. Name:	E:Mail
8. Name:	E:Mail
9. Name:	E:Mail
10. Name:	E:Mail

* Please seat us with or near: _____

PAYMENT INFORMATION: If paying by check please make payable to: KCMS Foundation

Name on Credit Card: _____

VISA/MC or AMEX #: _____

Card Expiration Date: _____ Card Security Code: _____

TOTAL AMOUNT TO BE CHARGED: \$ _____

SAVE TIME AT CHECK IN!!

I would like to keep this card on file for EXPRESS PAY at the event under my name

Extra guest allowed to purchase on this card include: _____

Please mail reservation form to:
Kitsap County Medical Society
P.O. BOX 490
Silverdale, Washington 98383

Or fax reservation form to the KCMS office at: 360.204.5709