

Reservations: (Please return this card by August 12, 2009)

- I would like to reserve _____ ticket(s) at \$55 per ticket for a total of \$ _____
- I would like ___ complimentary survivor ticket (gynecological cancers only).
Name: _____ Type of Cancer: _____
Year Dx: _____
- I would like to sponsor _____ survivor(s) tickets at \$55 each, totaling \$ _____
- Please PRINT list of names of people you are purchasing tickets for:
- 1) _____ Veg Meal Y/N 2) _____ Veg Meal Y/N 3) _____ Veg Meal Y/N
4) _____ Veg Meal Y/N 5) _____ Veg Meal Y/N 6) _____ Veg Meal Y/N

Name (Mr/Mrs/Ms) _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

- Enclosed is my check made payable to O.A.K. totaling, \$ _____
- Contact me at the above number to pay via credit card, totaling \$ _____

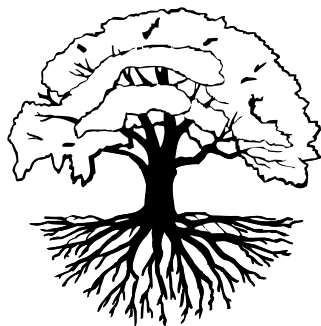
Please list any seating preferences on the back of this card. You may contact the O.A.K. Office at 502-708-1625 with any questions. Thank you.

*Please PRINT below those with whom you wish to be seated
(10 guests per table). List Mr. & Mrs. when applicable.*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

___ *I/ We have no seating preference*

___ *I/ We wish to be seated at the table of _____*



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