



## Order Form for Tickets: Utian Tribute Events

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### Consumer Education Event "Menopause: Truth, Not Trends"

Renaissance Cleveland Hotel  
Cleveland, Ohio  
9:30 AM-12:30 PM  
(doors open at 8:30 AM)  
Saturday, October 24, 2009

I would like to purchase \_\_\_\_ tickets (\$10 each) for a total of \$\_\_\_\_\_. These tickets will be mailed in advance of the event. Mail tickets to: (please print)

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Please note that your contact information will be shared only with Speaking of Women's Health, as this organization would like to let you know about their future educational programs.

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### Evening Tribute Gala

Renaissance Cleveland Hotel  
Cleveland, Ohio  
7:00-10:00 PM  
Saturday, October 24, 2009

I would like to purchase \_\_\_\_ tickets (\$250 each, with \$140 tax-deductible) for a total of \$\_\_\_\_\_. No tickets will be mailed in advance of the event.

I would like to purchase \_\_\_\_ tables (\$2,500 each) for total of \$\_\_\_\_\_. Please make a sign for the table(s) that says: (please print):

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Please provide the names of those individuals coming as your guest(s) to the Gala and their food choices (include an attachment if this space is not adequate):

Name (please print)	Meat	Fish	Vegetarian
Name (please print)	Meat	Fish	Vegetarian
Name (please print)	Meat	Fish	Vegetarian
Name (please print)	Meat	Fish	Vegetarian

Name (please print) _____	Meat	Fish	Vegetarian
Name (please print) _____	Meat	Fish	Vegetarian
Name (please print) _____	Meat	Fish	Vegetarian
Name (please print) _____	Meat	Fish	Vegetarian
Name (please print) _____	Meat	Fish	Vegetarian
Name (please print) _____	Meat	Fish	Vegetarian

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**Total Amount Enclosed: \$** \_\_\_\_\_

**Method of Payment:**

\_\_\_\_ Check enclosed. Please make your check payable to The North American Menopause Society (or NAMS) in U.S. funds drawn on a U.S. bank. (Any bank fees NAMS incurs regarding payment will be billed.)

\_\_\_\_ By credit/debit card.

\_\_\_\_ American Express      \_\_\_\_ VISA      \_\_\_\_ MasterCard      \_\_\_\_ Discover

Credit Card #: \_\_\_\_\_  
 CVS/CWZ (security code on card): \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Cardholder's City, State/Province: \_\_\_\_\_  
 Cardholder's Country, Zip/Postal Code: \_\_\_\_\_  
 Card Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Print This Order Form—Forward Completed Form and Payment to:**

The North American Menopause Society  
 5900 Landerbrook Drive, Suite 390  
 Mayfield Heights, OH 44124, USA  
 or  
 Fax: 440/442-2660

**Questions about the Consumer Education Event?**  
 Contact Lynne (440/442-7550 or [members@menopause.org](mailto:members@menopause.org))

**Questions about the Evening Tribute Gala?**  
 Contact Harriet (440/442/7537 or [harriet@menopause.org](mailto:harriet@menopause.org))

**Thank you!**