

**MEDICALLY INDUCED TRAUMA SUPPORT SERVICES (MITSS)**

*“To Support Healing and Restore Hope”*

**TICKET ORDER AND REGISTRATION FORM**

**Please RSVP October 23, 2009**

I would like to purchase \_\_\_\_\_ ticket(s) to the MITSS Eight Annual Dinner and Fundraiser to be held at the Boston Marriott Copley Place Hotel on Thursday, November 12<sup>th</sup>, 2009, from 5:30 to 9:30 pm.

Name: \_\_\_\_\_  
(Please list the names of additional guests of the reverse of this form.)

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Office) \_\_\_\_\_ Home: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Individual tickets are \$200, and enclosed is my check in the amount of \$ \_\_\_\_\_ made payable to MITSS, Inc.

Please bill \$ \_\_\_\_\_ to my credit card: ( ) MC ( ) VISA ( ) AMEX ( ) Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature (as it appears on card): \_\_\_\_\_ Date: \_\_\_\_\_

**Either FAX this completed form to MITSS at (617) 232-7181 or MAIL to:**

**Winifred Tobin  
MITSS  
830 Boylston Street, #206  
Chestnut Hill, MA 02467  
Phone: (617) 232-0090  
E-Mail: [wtobin@mitss.org](mailto:wtobin@mitss.org)**

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