

MEDICALLY INDUCED TRAUMA SUPPORT SERVICES (MITSS)

“To Support Healing and Restore Hope”

TICKET ORDER AND REGISTRATION FORM

Please RSVP by October 22, 2010

I would like to purchase _____ ticket(s) to the MITSS Ninth Annual Dinner and Fundraiser to be held at the Westin Copley Place, in Boston, MA, on Thursday, November 4th, 2010, 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

MITSS is a non-profit 501(c)(3) corporation, and all donations are tax deductible to the extent as allowed by law. Our Federal Tax Identification Number is 68-0509491.