



Children's National™

## THE CHILDREN'S BALL

FRIDAY, MAY 8, 2015

### INDIVIDUAL REGISTRATION FORM

**YES, WE WOULD LIKE TO PARTICIPATE AT THE FOLLOWING LEVEL:**

- Dr. Bear's Circle of Care ..... \$11,500  
One VIP Table
- Dr. Bear's Friends ..... \$2,500  
Two Seats and listing in the program

*Note: \$150 per ticket for food, beverage, and entertainment is not tax-deductible.*

**Payment Options**

- Check for payment in full  
(Made payable to Children's Hospital Foundation.)
- Credit Card  
(Please fill out credit card information on this form.)
- Donation  
I/We cannot attend, but would like to make a contribution in the amount of \$ \_\_\_\_\_

**Please list us in the printed materials as:**

\_\_\_\_\_  
*Deadline to appear in the printed program is April 20, 2015.*  
*Children's Hospital Foundation's 501(c)3 number: 52-1640402*

**CONTACT INFORMATION**

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**I wish to charge my credit card:**

- VISA     Master Card     Discover     AmEx

Card Number \_\_\_\_\_

Signature \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Guest Names** *Tables are 10 guests*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Please email or mail this form to:**

Allie Picha at [apicha@childrensnational.org](mailto:apicha@childrensnational.org) or Children's Hospital Foundation, 801 Roeder Road, Suite 300, Silver Spring, MD 20910  
Please contact Diana Kurnit at [dkurnit@childrensnational.org](mailto:dkurnit@childrensnational.org) or 301-565-8530 if you have any questions or need additional information.