



NURSING FOUNDATION
of Pennsylvania

2024 Black and Gold Gala



RESERVED SEAT FORM

Organization Information

Organization: _____

Address: _____

City, State Zip: _____

Contact Information

Name: _____

Title: _____

Email: _____

Phone: _____

Number of reserved seats requested: _____ @ \$150 each

Please list the name and email address for each individual who will be in attendance, as we will be contacting ticketholders closer to the event date to provide updates and request their meal selections. Information may also be emailed to Cheryl Bradford at cbradford@thenfp.org.

Attendee Name

Email Address:

Payment Information

- ☐ Check (enclosed) - Please mail check and completed form to: NFP, 3605 Vartan Way, Suite 203, Harrisburg, PA 17110
- ☐ Bill my organization - To request an invoice, please contact cbradford@thenfp.org
- ☐ Credit card - To pay by credit card, please visit www.thenfp.org.

Questions?

For complete event details, please visit www.thenfp.org/gala. Questions may be directed to Paula Lasecki at 717-827-4369 or plasecki@thenfp.org.