



## 2025 NFP GALA RESERVED SEAT FORM

### Organization Information

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

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

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

### Contact Information

Contact Name/Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_ @ \$150 each

### Payment Information

- Check** – Make payable to “Nursing Foundation of Pennsylvania” and mail with completed form to: NFP, 3605 Vartan Way, Suite 203, Harrisburg, PA 17110
- Bill My Organization** – To request an invoice, contact [cbradford@thenfp.org](mailto:cbradford@thenfp.org).
- Credit Card** – To pay by credit card, visit [222.thenfp.org/gala](http://222.thenfp.org/gala)

Please provide the names and email addresses for each individual who will be in attendance, as NFP will be contacting attendees closer to the event to provide updates and request meal selections. As no physical tickets will be issued, these names also will be used to secure admission to the event.

Please send names and email addresses to Cheryl Bradford at [cbradford@thenfp.org](mailto:cbradford@thenfp.org) no later than October 1, 2025.

Full details can be found at [www.thenfp.org/gala](http://www.thenfp.org/gala). Thank you supporting NFP!