

**2024 Nightingale Gala**



**Tickets and Tables of 10**

Call (518) 456-7858, ext. 129 for more information

*o $175 per person o $105 Young Professional (35 & Under) o $1,500 Table of 10*

Name:

Address: City: State: NY Zip: Telephone #: Email:

Check Enclosed (made payable to Foundation of NYS Nurses, Inc.)

Please charge my credit card: Card # Exp: CVV:

Names of Guests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Tables of 10 please indicate all names of guests and meal choices on back of form**

Please indicate each guest’s meal selection & number of meals

o Flank Steak / number of meals \_\_\_\_\_\_\_

o Chicken Bruschetta /number of meals \_\_\_\_\_\_\_

o Grilled Salmon (GF) /number of meals\_\_\_\_\_\_\_\_

o Eggplant Napoleon (V) number of meals\_\_\_\_\_\_\_

***PLEASE REPLY by SEPTEMBER 3, 2024***

Please return this form with your payment to:

Center for Nursing at the Foundation of NYS Nurses, Inc., 2113 Western Avenue, Guilderland, NY 12084 Telephone (518) 456-7858 Fax (518)452-3760 Email: [delliott@cfnny.org](mailto:delliott@cfnny.org)

Tables of 10 Names and Meal Choices of Guests

***Name Meal Choice***