

12th Annual Cradle of Aviation Museum

Air & Space Gala

Date: Thursday, November 6, 2014, 6:00 PM
Cradle of Aviation Museum, Garden City, New York

TICKET RESERVATION FORM

Date reservation placed ____/____/____

Dress: Business Attire

I would like to purchase:

Individual Ticket no. of reservations ____ @ \$300 \$ ____

Table(s) of 10 no. of reservations ____ @ \$3,000 \$ ____

Other Voluntary Contribution: _____ \$ ____

Grand Total: \$ ____

____ I will not attend, please accept my contribution of \$ ____

____ Payment by check enclosed \$ ____ **Make Checks Payable to: Cradle of Aviation Museum**

____ Payment by credit card \$ ____ *Please circle one:* MC VISA AMEX

Name _____ (as it appears on the card)

Card Number: ____/____/____/____ Exp. Date: ____/____

Name: _____ Email: _____

Address: _____

Telephone - day: _____ evening: _____

Guests:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Seating allocations are made on a "first come first serve basis", provided payment accompanies your reservation. Make your reservations early. Seating is limited.

Reservations may be made online at <http://www.cradleofaviation.org>, by telephone by calling 516-572-4066, via Fax 516-572-4065, or by return mail to: Cradle of Aviation Museum, One Davis Avenue, Garden City, NY 11530.

Cancellations will not be accepted after 5 PM on Friday, October 31, 2014.