

11<sup>th</sup> Annual Cradle of Aviation Museum  
**Air & Space Gala**

**Date: Wednesday, November 20, 2013, 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_____@\$275	\$_____
Table(s) of 10	no. of reservations_____@\$2,750	\$_____
Other Voluntary Contribution: _____		\$_____
	<i>Grand Total:</i>	\$_____

\_\_\_ 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 516-572-4026, via Fax 516-572-4079, 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, November 15, 2013.