

I would like to make the following reservations for Women's Health Virginia's *Solstice Soiree*:

_____ Individual tickets @ \$40	Total	\$ _____
_____ Pearl sponsor tickets @ \$100		\$ _____
_____ Cluster of Pearls sponsor tickets @ \$250		\$ _____
_____ String of Pearls sponsor tickets @ \$500		\$ _____
	TOTAL	\$ _____

Name _____

Address _____

E-mail address _____

Phone _____ Fax _____

PAYMENT:

- I am enclosing a check payable to WOMEN'S HEALTH VIRGINIA
- I authorize WHV to charge my credit card as follows:

Type of card (circle): Visa Mastercard Diners American Express Discover

Number _____ Expiration _____

Signature _____

If you are purchasing sponsor tickets, would you like to be listed as a sponsor in the program?

- No
- Yes. Please list me/us as follows: _____

Please return your reservation form to:

WOMEN'S HEALTH VIRGINIA, 1924 Arlington Boulevard, Suite 203, Charlottesville, VA 22903

If you are using a credit card, you can reserve online at www.womenshealthvirginia.org or call 434-220-4500 to register by phone.

Payments in excess of \$20 are a tax-deductible contribution to Women's Health Virginia.

A financial statement is available upon written request from the Virginia Office of Consumer Affairs, P.O. Box 1163, Richmond, VA 23209