

I/we will join you at *Pacific's Del Mar Day at the Races* on Sunday, August 1, 2010

RSVPs must be received at the dental school by July 9.

NAME: _____ **Class Year** _____ **Assoc. Memb.** _____

No charge for children under 6, but everyone, including children and infants, must have a ticket. PLEASE LIST NAMES OF ALL YOUR GUESTS.

GUEST NAME/S (include ages, if young children):

\$75.00 per adult, \$35.00 ages 6-17

Number of tickets ordered: _____

Total \$: _____

Checks payable to: *Pacific Dental Alumni Association* (Return envelope enclosed.)

Or, to pay by credit card:

___ AmEx

___ Visa

___ M/C

Credit Card Number: _____

Expiration Date on Card: _____

Billing Address & Zip: _____

Card holder's signature: _____

Address to use for mailing tickets:

Daytime Phone Number: _____

E-Mail Address: _____

Mail RSVP to: Alumni Association, 2155 Webster St, Ste 616
San Francisco, CA 94115-2399 **or Fax to: 415-749-3377**