

Contact Name: \_\_\_\_\_

# **CSEA** Unit 9200

## *Holiday Party* *Saturday, December 9, 2017*

### **Payment Form**

All attendees must submit this form with payment to the **CSEA Unit 9200 Office**, in person between **9:00 AM and 5:00 PM**, or by mail addressed to:

**CSEA, 112 East Post Road, Room 420, White Plains, NY, 10601** starting **Wednesday, November 8, 2017**. Checks/Money Orders are payable to:

**CSEA Unit 9200**



**Ticket purchases are non-refundable**



**TICKETS on Sale between: WEDNESDAY, NOVEMBER 8, 2017 – FRIDAY, DECEMBER 1, 2017**

# Tickets for CSEA Unit 9200: Members & Retirees @ \$45.00 ea. \_\_\_\_\_ Total: \$ \_\_\_\_\_

# Tickets for all other Guests @ \$65.00 ea. \_\_\_\_\_ Total: \$ \_\_\_\_\_

TOTAL PAYMENT ENCLOSED: \$ \_\_\_\_\_

CHECK (# \_\_\_\_\_)       CASH       MONEY ORDER (# \_\_\_\_\_)

Amount: \$ \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Amount: \$ \_\_\_\_\_

NAME(S) OF PERSON(S) ATTENDING (Tables of 10) Please include all names at your table

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

**CONTACT PERSON:** Name: \_\_\_\_\_ Department: \_\_\_\_\_

Cell/Home: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

**ALL PAYMENTS MUST BE RECEIVED BY FRIDAY, DECEMBER 1, 2017**

**\*\*Please keep a copy of this Payment Form for your records before submitting\*\***

**FOR OFFICE USE ONLY:**

**DATE STAMP:**

**Receipt Number(s):** \_\_\_\_\_

**Receipt issued by:** \_\_\_\_\_