

Veterinaire Extraordinaire Registration Form

Veterinaire Extraordinaire 2004

LSU School of Veterinary Medicine

For reservations, please return this form
with remittance to:

"SVM Gala"
Office of Public Programs
LSU School of Veterinary Medicine
Baton Rouge, LA 70803

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

- I would like _____ tickets @ \$100 per ticket
- I would like a reserved table for ten @ \$1,000 per table
- Total amount enclosed \$ _____
(Please make check payable to
"LSU Foundation, SVM Gala Fund"
or include credit card information on back of card.)
- I cannot attend, but I am enclosing a contribution
for LSU School of Veterinary Medicine.
(Please make donation check payable to
"LSU Foundation")

Credit Card Information:

Type: ___ AmEx ___ Discover ___ MC ___ Visa

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____ Amount: \$ _____

Please list guest names:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\$50.00 of each ticket purchased is a tax deductible contribution
to LSU School of Veterinary Medicine

LSU School of Veterinary Medicine
thanks you for your generous support.