

VALLEY PREFERRED

SPIRIT OF
COURAGE

BURN PREVENTION NETWORK INVITES YOU TO
HONOR OUR HEROES

TUESDAY, OCT. 2, 2018, AT 5 P.M.

Under the tent at Lehigh Valley Hospital–Muhlenberg, Bethlehem, Pa.
Business attire

RSVP BY SEPT. 18, 2018

RECEPTION
DINNER AND RECOGNITION OF HEROES
AWARDS PRESENTATION

This event is sponsored by Valley Preferred, a provider-led preferred provider organization in Pennsylvania focused on providing better care for individuals, better health for our population, and better cost through efficiencies (valleypreferred.com).

RESERVATIONS

\$45 PER PERSON

Sponsorship opportunities

Additional benefits provided

Table of four: \$1,000 | Table of 10: \$2,500



Please mail the completed RSVP form with guest information and your check payable to Burn Prevention Network to the address below, or use charge card option provided on the response form.

Burn Prevention Network, 236 N. 17th St., Allentown, PA 18104 • 610-969-3930

THANK YOU TO OUR SPONSORS

Valley Preferred
Lehigh Valley Health Network

BioMed Services
Dataceutics
Kistler O'Brien

MedEvac
Service Electric

BENEFITING



SPIRIT OF COURAGE

RESERVATIONS

\$45 per person

TABLE SPONSORSHIP OPPORTUNITIES:

Table of four: \$1,000

Table of 10: \$2,500

I cannot attend but please accept my tax-deductible contribution.

(Please list any special dietary needs next to your name)

Payment confirms your reservation. No tickets will be issued.

Check is enclosed payable to Burn Prevention Network

Please charge \$_____ to my VISA MASTERCARD DISCOVER

Credit Card # _____

Billing Address _____

Expir. Date / (month/year) _____ Security Code (3 or 4 digits on back of card) _____

Name on Card _____

Signature _____

Daytime Phone # (in case we need to reach you) _____

Burn Prevention Network is a 501 (c)(3) not-for-profit organization. Tax ID #22-2839595. The amount of your donation over \$75/ reservation will be tax-deductible to the full extent of the law. Because of EXPENSES INCURRED, we cannot make any refunds for cancelled reservations after Sept. 24.

We appreciate your support and understanding.

I/WE WILL USE _____ (NUMBER) RESERVATIONS.

Please print name(s) and email address(es) of person(s) attending.

Sponsor/Name: _____

Address: _____

Email: _____

Sponsor/Name: _____

Address: _____

Email: _____

Sponsor/Name: _____

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Sponsor/Name: _____

Address: _____

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