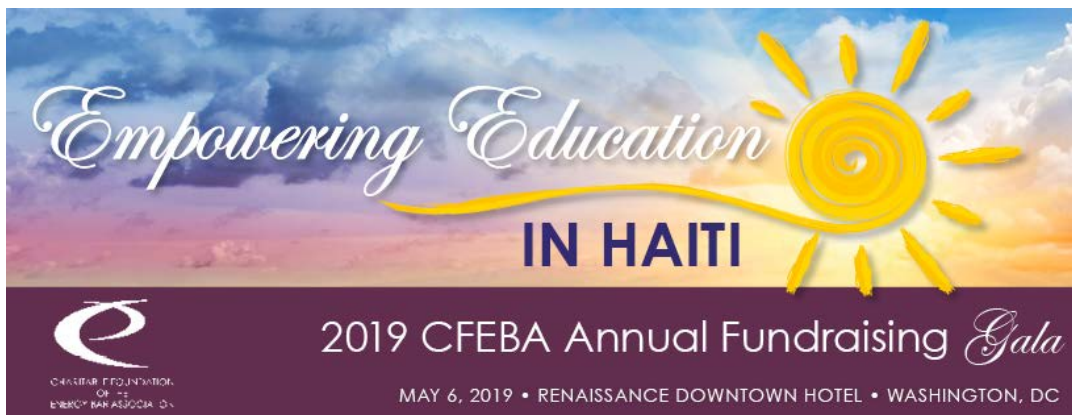


CFEBA 2019 Fundraising Gala Ticket Form



Date/Time: Monday, May 6, 2019, from 5:30 to 9:00 p.m.

Event Location: Renaissance Downtown Hotel: 999 Ninth Street, NW, Washington, D.C.

ONE FORM PER REGISTRANT

LAST NAME

FIRST NAME

M.I.

FIRM/COMPANY/AGENCY

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL ADDRESS

Ticket Prices:

\$250 **Non-Government**

\$150 **Government/Sole Practitioner**

of Tickets: _____

Amount Enclosed/To Be Charged: \$ _____

METHOD OF PAYMENT (TAX ID #010743607):

Check Enclosed (Payable to Charitable Foundation of the Energy Bar Association)

Credit Card (select one): MASTERCARD VISA AMERICAN EXPRESS DISCOVER

Card # _____ **Expiration Date** _____ (MM/YY)

Cardholder Name _____ **Signature** _____

(Please Print)

(Cardholder Signature Required)

MAIL OR EMAIL PAYMENTS & FORM TO:

Charitable Foundation of the

Energy Bar Association

(CFEBA)

2000 M STREET, N.W., SUITE 715,

WASHINGTON, D.C. 20036

EMAIL: msmith@eba-net.org

FOR EBA USE ONLY:

Check Name _____ Check # _____ Check Date _____ Amount _____

Card Authorization _____ Amount Charged _____ Date Billed _____