

MAGI WE CAN AGREE To SAVE LIVES

MAGI SPEAKER DINNER – ADVANCE RESERVATION FORM

- YES** Reserve a place for me (\$25)
- YES** Reserve a place for ____ guest(s). Amount (\$50 each): ____

Enter your name and information:

Name		
Address 1		
Address 2		
City, state & zipcode		
Phone	FAX	Email

Credit card information:

Name on card (if different from above)	Type of card: AMEX, VISA, MasterCard, Discover
Credit card number	Expiration date (MM/YYYY)
Billing address (if different from above)	Signature

Send form by email to donb@iibig.com or by fax to (888) 314-9040

If paying by check, make check payable to iibig and mail form to:

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