



RSVP by November 2, 2018

NAME *(Please print)*

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ADDRESS

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CITY

STATE

ZIP

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ORGANIZATION

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TELEPHONE NUMBERS:

HOME

BUSINESS

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Guest of awardee

\$100 per ticket

NAMES *(Please print)*

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- I / we wish to be seated with \_\_\_\_\_.
- I / we have no seating preference.
- I / we have special dietary needs. Please call Tracie at 330-972-6674.
- I / we will not be able to attend, but wish to make a contribution to the Cameos of Caring Scholarship Fund.  
Enclosed is my check for \$ \_\_\_\_\_.

*If you need additional information, please call Tracie Epner at 330-972-6674 or e-mail: [cameos@uakron.edu](mailto:cameos@uakron.edu).*

