

# AOH NATIONAL PRESIDENT'S TESTIMONIAL WEEKEND

FRIDAY, OCTOBER 2

SATURDAY, OCTOBER 3

- ✓ **One Person Per Form**
- ✓ PAYPAL Payment see below
- ✓ Please make check payable to "AOH"
- ✓ Forward check with completed form(s) to:

**AOH TESTIMONIAL  
PO BOX 271  
WEST NYACK, NY 10994**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

AOH/LAOH Division # \_\_\_\_\_ Division County \_\_\_\_\_ Division State \_\_\_\_\_

Highest current elected/appointed Position Level (circle one): National State County Division N/A

Highest current elected/appointed Position Title: \_\_\_\_\_

Please select one seating preference for the Saturday Evening Testimonial:

\_\_\_\_\_ Same County \_\_\_\_\_ Same Division No Preference \_\_\_\_\_

**No Dinner Reservations Can be Accepted After Friday, September 25<sup>th</sup>, 2015.**

Please select one of the following options and indicate method of payment:

\_\_\_\_\_ \$140-Friday and Saturday functions **COMBINED** (\_\_\_\_ check enclosed\_\_\_\_ PAYPAL)

\_\_\_\_\_ \$110-Saturday Cocktail Hour/Banquet/Open Bar throughout (\_\_\_\_ check enclosed\_\_\_\_ PAYPAL)

\_\_\_\_\_ \$ 45-Friday Two Hour Cocktail Reception **ONLY** (\_\_\_\_ check enclosed\_\_\_\_ PAYPAL)

- ✓ **For PAYPAL Dinner and/or Journal Payment(s) only:**

1) Go to [www.aoh.com](http://www.aoh.com).

2) Click on "Testimonial/Sean MacBride Award" link.

3) For questions/problems, go to "[aohtestimonialdinner.jrnl@gmail.com](mailto:aohtestimonialdinner.jrnl@gmail.com)" or 845-712-5463.