



RSVP by October 25, 2019

NAME *(Please print)*

---

ADDRESS

---

CITY

STATE

ZIP

---

ORGANIZATION

---

TELEPHONE NUMBERS:

HOME

BUSINESS

---

Guest of awardee

\$100 per ticket

NAMES *(Please print)*

---

---

---

- 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).*