



Physicians for Social Responsibility/Sacramento
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2008 Dinner Reservation Form

- I would like to purchase ____ dinner reservations - \$60 / person (\$30 / student)
 I would like to purchase ____ talk only reservations - \$20 / person (\$10 / student)
 I would like to be a Sponsor or Table Sponsor – please contact Harry Wang, MD
- Enclosed is my check for \$ _____ OR
 I will not be able to attend this year, but please accept my contribution in the amount of \$ _____

If you would like to pay by credit card, please go to: www.sacpsr.org/join.htm and use the PayPal option.

Name _____

Organization (if applicable) _____

Address _____

City/State/Zip Code _____

Telephone _____

E-mail _____

Name(s) of guest(s) _____

Please complete and mail to the PSR address by October 1, 2008. Checks should be addressed to PSR/Sacramento. PSR/Sacramento is a 501(c)(3) non-profit organization (tax ID# 23-7059731). For questions, please contact Harry Wang, MD at info@sacpsr.org or call 916 955-6333.