

A.T. Still University
 College of Graduate Health Studies
 Graduation Banquet
 Hilton Phoenix/Mesa
 Friday, May 26, 2017 12pm
 (Please Print Clearly)

Graduate's Name: _____ Degree Program _____

Lunch is complimentary for the graduate. Additional guests are \$35 per adult, \$17.50 per child 5-12, and free for children 4 and under. Select one and fill in the table, if applicable:

Party of 1: I will be attending with no guests (\$0)

Party of ____ (this number includes myself).

Graduate	0	X	\$0	=	\$0
Adult Guest (s)	_____	X	\$35	=	\$ _____
Children 5-12	_____	X	\$17.50	=	\$ _____
Children 4 & Under	_____	X	\$0	=	\$0
TOTAL					\$ _____

Credit Card Type: Visa MasterCard Discover American Express

Credit Card Number: _____

CID Number (3 on the back of the card or 4 digits on front of AMEX) _____

Credit Card Expiration Date: _____

Card Holder's Name: _____

Card Holder's Telephone: _____

Mailing Address: _____

City State Zip Code: _____

Total Amount Charged: I wish to have charged \$ _____ to my credit card.

I as the credit card holder referenced above, agree to pay the above amount to the A.T. Still University. I further agree to abide by the credit contract with my credit card issuer.

Card Holder's Signature: _____ Date: _____

DEADLINE TO SUBMIT FORM: April 26, 2017

E-MAIL, FAX, or MAIL FORM TO:

ATSU - CGHS

Attn: **Controllers Office**

800 W Jefferson St

Kirksville, MO 63501

Fax: 660-626-2483

E-mail: Controllers@atsu.edu